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ABSTRACT

This book updates earlier Association for Multicultural Counseling and Development (AMCD) multicultural counseling competencies (MCC). Each chapter author particularizes definitions and/or conceptualizations of multicultural competencies to the topic of his or her chapter. The present document operationalizes the MCC into practice examples, including case studies, counseling interventions, training methods, process notes, individualized assessments, and organizational actions plans. Chapters include: (1) "Evolution of the Multicultural Counseling Competencies: Background and Context (Patricia Arredondo); (2) "Counselor Awareness of Own Assumptions, Values, and Biases" (Gargi Roysircar); (3) "Counselor Awareness of Client's Worldview" (Rebecca L. Toporek); (4) "Culturally Appropriate Intervention Strategies" (Jairo N. Fuertes and Joseph G. Ponterotto); (5) "Spiritual Responses to Terrorism: Unity in Diversity" (Mary A. Fukuyama); (6) "Integrating Gender and Sexual Orientation into the Multicultural Counseling Competencies" (Tania Israel); (7) "Culturally Relevant Empirically Supported Treatment" (Hardin L.K. Coleman); (8) "A Counselor Trainee's Conversations with a Colombian Immigrant Woman" (Cheryl Wilczak); (9) "A Step toward Multicultural Competencies: Listening to Individuals with Multiple Sclerosis and Cerebral Palsy" (Samantha G. Sweet and Meghan Estey); and (10) "Multicultural Interactions with Jewish American Adolescents" (Beth DeFrino). (Each chapter contains references.) (GCP)

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Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development

Gargi Roysircar, Patricia Arredondo, Jairo N. Fuertes, Joseph G. Ponterotto, Rebecca L. Toporek

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MULTICULTURAL COUNSELING COMPETENCIES 2003:

ASSOCIATION FOR MULTICULTURAL COUNSELING AND DEVELOPMENT

Gargi Roysircar

Patricia Arredondo • Jairo N. Fuertes
Joseph G. Ponterotto • Rebecca L. Toporek

Foreword by Thomas A. Parham

AMCD: THE DAWN OF A NEW CENTURY
Leading the Way to Competent
Multicultural Counseling and Development

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American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304

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Foreword

Multicultural Competencies: Transforming Image into Substance

The landscape of psychological and counseling practice is changing. The barren wasteland of cultural sterility that characterized counseling and psychology's past has now given way to the foliage of multiculturalism. The colors of diversity are vibrant and reflect a more expansive and inclusive model, including race, ethnicity, gender, physical ability, sexual orientation, and age.

The majesty of the alignment of these variables is dramatic, and yet, their distinctions and individual salience create as beautiful a picture as the image revealed by their collective clustering. Indeed, the multicultural movement in counseling and psychology has now taken center stage, and only by immersing oneself in the movement does one gain full access to the rich cultural treasures that lie within.

If one expects multiculturalism to be a static entity, then disappointment is generated, for nothing could be further from the truth. This movement is dynamic; this movement is transformative; and this movement has a momentum that is impossible to stop. Several years ago, at the first National Multicultural Conference and Summit, I suggested, "the wave of a movement that is built on truth and righteousness is bigger than any institutional policy or practice [that might try to derail it]" (Parham, 1999). True to form, that wave is now sweeping across the disciplines of psychology and counseling, and demanding that practitioners and academicians alike become more accountable with regard to levels of cultural competence. This book, *Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development* (*2003 MCC*), is the latest manifestation of that momentum.

In some respects, the *2003 MCC* authors have joined a chorus of scholars and practitioners who consistently make a "joyful noise" about the virtues of cultural competency. They have managed to elevate the discourse, though, to a level where ideas are transformed into specific strategies for implementation. Professor Roysircar, a Past President of AMCD, and her writing team accomplish this by providing a host of practical examples, case studies, counseling interventions, critical incidents, organizational developments, and training models

throughout the text. This format is a significant departure from several texts and articles that are now a part of the literature, which have intellectual depth but no direct strategies for intervention.

In other respects, *2003 MCC* is long overdue in that it emerges from a leadership within the Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), which is long associated with the cultural competency movement. AMCD's advocacy for more cultural relevancy in psychology and counseling extends back to the early 1970's, and their production of competency documents first set the stage for the release of subsequent materials in the early 1990's (i.e., Sue, Arredondo, & McDavis, 1992). This 2003 installment of the cultural competency literature might appear to place AMCD in a position of following the movement and momentum of other counseling and psychological associations. Rather, readers should be advised that *2003 MCC* restores AMCD's position among the leaders of this movement, for given its track record of advocacy and services, AMCD is due a tremendous amount of credit.

Reading *2003 MCC* also carries with it a certain amount of danger for the consumer, for it begs the question of how those who read it should honor the contribution the authors have made. The danger here is that the rich material might dislodge us from those comfortable spaces of intellectual and behavioral apathy, and require practitioners to actually DO SOMETHING different. If you are willing to be empowered, then *2003 MCC* is speaking directly to you. If you are searching for pragmatic ways to implement more cultural sensitivity into your counseling/clinical practice, then *2003 MCC* is what you need. If you are inspired to examine different approaches to your work that might facilitate more effective outcomes in your work, then you have acquired the right resource.

The significance of *2003 MCC* is also solidified by its coverage of a very broad range of diversity. While some texts and other journal articles have received criticism because of their failure to address dimensions of diversity beyond race and ethnicity, this document speaks to a wide range of multicultural issues and is broad in scope. Dr. Roysircar has assembled a team that addresses issues of gender, class, sexual orientation, religion, spirituality, age, physical ability, and identity, and the interface of these cultural factors with race and ethnicity. They have addressed issues of empirically supported treatments and training interventions, counseling international clients (a Colombian immigrant), and spirituality within the context of responses to terrorism. This is a very unique and broad application of the diversity construct and of multiculturalism.

For those practitioners who have been painfully searching for a multicultural competency resource that can make sense out of what is sometimes described as an overwhelming endeavor, *2003 MCC* is about hope. There is hope that the masses of practitioners, academicians, and students can be successful in operationalizing the multicultural competencies in their respective ways, disciplines, and areas. For those in the profession who have been engaging the competency movement with little support from their academic institutions and agencies, *2003 MCC* is about validation. You are on the right track and this text

encourages you, as they say in the African American community, to "keep on keepin' on." Finally, for those who are new entrants into the movement, who lack the historical continuity to really appreciate how long a process this has been, this book is about continued struggle. The struggle has not been easy. The struggle has not been without intellectual and emotional casualties. And the amount of intellectual capital that has been expended to deconstruct old paradigms is enormous. However, the struggle has been rewarding because now that some of the old bricks have been cleared away, building new paradigms on which to hang the multicultural competency movement will be an easier task. The *2003 MCC* book represents those building materials that are helping to construct a strong and enduring legacy. I congratulate the authors on this very valuable addition to the literature, and all of us who have labored in the culturally sterile fields of psychology and counseling applaud its arrival.

Thomas A. Parham, Ph.D.
Past President, AMCD

Past President,
Association of Black Psychologists

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Introduction

This book, *Multicultural Counseling Competencies* 2003: *Association for Multicultural Counseling and Development* (*2003 MCC*[1] [Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003]), updates earlier AMCD multicultural counseling competencies (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). Like the previous monographs developed under the auspices of AMCD presidents, Thomas Parham (1990-1991) and Marlene Rutherford-Rhodes (1994-1995), the *2003 MCC* was an initiative of my own AMCD presidency, 2001-2002. I chose this initiative because of discussions within the AMCD Executive Council regarding the importance of AMCD staying in the leadership of MCC's history, evolution, and advancement, including exemplar MCC practices; having a printed MCC document of professional quality, outside of publications in our *Journal of Multicultural Counseling and Development*; and having an MCC monograph copyrighted by AMCD. I was committed to fulfilling the initiative of an MCC update, which was originally proposed to me at the 1999 Washington, DC conference of the American Counseling Association (ACA) by the AMCD President-Elect, Victor Bibbins, Sr. At that time, I had come on board the AMCD Executive Council as President-Elect-Elect.

Thomas Parham has written the Foreword and Aaron Stills the Afterword. These two critics and the 12 authors represent the diversity of the United States and of AMCD. We are African American, Asian American, Latino, White, biracial, women, and men. We are academicians, practitioners, trainers, supervisors, administrators, and graduate trainees. We embrace diverse religious or spiritual faiths. We come from the Northeast, Midwest, West Coast, Southwest, and Southeast. We work in state and private institutions. We are at different developmental stages in age, life experience, and work.

Patricia Arredondo and Rebecca Toporek have previously authored our organization's MCC documents (e.g., Arredondo et al., 1996). To maintain continuity in AMCD's articulations of multicultural counseling competencies, they were invited to join the writing team for this book. Joseph Ponterotto, Gargi Roysircar Sodowsky, Mary Fukuyama, and Hardin Coleman, who have examined MCC in empirical studies, assessment, program-related environments, and therapy processes, were invited to move the MCC beyond prescriptions and aspirations. Jairo Fuertes and Tania Israel were invited to provide their analyses of the current MCC state of the art and its inevitable generalizability, which, in fact, is advancing MCC into a meta-theory and practice. Graduate students are our

future leaders, and, therefore, their meanings of MCC and how these are related to their professional development are extremely important to our profession. Thus, four graduate students in professional psychology, Cheryl Wilczak, Samantha Sweet, Meghan Estey, and Beth Defrino, were invited to contribute their case conceptualizations written for regular course work, and which represented their outreach to multicultural populations. Their service delivery under my supervision occurred within the framework of Multicultural Counseling Competencies.

Unique to the 2003 MCC

While maintaining the 3x3 general factors model x counseling dimensions model (Sue et al., 1992) (i.e., Attitudes and Beliefs, Knowledge, and Skills crossed with Counselor Awareness of Own Cultural Values and Biases, Counselor Awareness of Client's Worldview, and Culturally Appropriate Intervention Strategies), each chapter author particularizes definitions and/or conceptualizations of multicultural competencies to the topic of his or her chapter. Thus specific chapter sections are definitional in nature.

Like the 1996 MCC document (Arredondo et al., 1996), the present document operationalizes the MCC, but in a different way. The 1996 explanatory statements are developed into practice examples, including case studies, counseling interventions, training methods, process notes, individualized assessments, and organizational action plans.

Also unique to the *2003 MCC* document are process and outcome deliberations in every chapter. Authors address the process and outcome of culturally sensitive treatment, cultural-relational work, training curriculum, coalition-building, giving voice to the concerns of diverse underrepresented groups, facilitating the interface of multiple contexts and identities, multicultural organizational and policy development, spiritual resolutions post-September 11, empirically-supported treatment, and community outreach based on social justice. Thus, the authors avoid stating aspirations or absolutistic or relativistic criteria. A prominent theme of the *2003 MCC* document is that Multicultural Counseling Competencies have moved beyond aspirations and "must" and "should" position papers. Competent practices in diverse contexts are reported, presenting a framework for future development of standards of minimum multicultural competence and, by corollary, denoting what is incompetence in the multicultural field.

Unique to the *2003 MCC* is that current and most recent conceptualizations, research findings (both quantitative and qualitative), and professional events are reported (See Part 1). Future directions in MCC are intimated (See Part 2). Graduate students' understanding of MCC is evidenced in their case conceptualizations, exemplifying one method of assessing competence, as well as applying MCC constructs (See Part 3). Thus, *2003 MCC* has a scholar-practitioner orientation.

Thank you for reading *Multicultural Counseling Competencies* 2003: *Association for Multicultural Counseling and Development.*

Gargi Roysircar
2002-2003 Past President, AMCD
Senior Editor

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Sue, D. W., Arredondo, P., & McDavis, R.J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*, 64-68.

We recognize the leadership of past presidents of AMCD
who facilitated the development of
AMCD's Multicultural Counseling Competencies.

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Part One

Updated Operationalization of AMCD Multicultural Counseling Competencies

Chapter 1

Evolution of the Multicultural Counseling Competencies: Background and Context

Patricia Arredondo

The Multicultural Counseling Competencies, developed by the Association of Multicultural Counseling and Development, are discussed from historical perspectives. The origin and rationale for these documents are reviewed as well as the transformation of education and training, research, practice, and organizational change within the American Counseling Association (ACA) and related fields. Implications of these influences are explored and suggestions are made for future directions based on the multicultural competencies.

"Zanshin" is a Chinese word that means flowing with change, moving with the energy introduced by forces of change. In her book the *Tao of Leadership*, Diane Dreher (1996) uses the term in connection with leadership. Dreher indicates that leadership requires considerable "zanshin," the ability to be simultaneously flexible, fluid, and constant. In many respects, the Multicultural Counseling Competencies (MCC), developed by the Association for Multicultural Counseling and Development (AMCD), reflect "zanshin," as these competencies have conceptually and pragmatically evolved to give guidance to the field of counseling and to the role of the American Counseling Association (ACA) as an organizational leader in the realm of multiculturalism.

To shed light on the development of MCC, this chapter provides background information on MCC, as developed by AMCD (Arredondo et al., 1996; Sue, Arredondo & McDavis, 1992a, 1992b), and the MCC's influence in four domains: curriculum redevelopment, research conceptualization and practices, practitioner professional growth, and institutional development. Specific examples of the application of MCC to related fields are provided through discussion of the following: *Guidelines for Multicultural Education, Training, Research,*

Practice, and Organizational Development for Psychologists (American Psychological Association [APA], 2002); approaches to multicultural organizational development (D'Andrea et al., 2001); and current engagements in social justice advocacy based on multicultural guidelines and competencies (Lewis & Bradley, 2000). Implications for future directions utilizing the MCC are offered.

Historical Perspectives

It is anticipated that this historical account will help counseling professionals to recognize the significance of the MCC to the future of the profession. In many respects, the MCC give vision to the profession and invite us to set strategic objectives that will contribute to the relevance of professional counseling in an ever-increasing multicultural society.

Rationale and Context for Multicultural Counseling Competencies

Sue et al. (1992a, 1992b), the authors of the MCC, provided five specific reasons as the rationale for a multicultural perspective:

1. Diversification of the population of the United States (U.S.), as indicated by the census data that the Caucasian population has decreased and the combined populations of color have increased (U.S. Census, 2001).
2. The monocultural nature of training, which has led professional accreditation bodies to initiate change for multicultural infusion in counseling programs' mission, policies and procedures, curriculum, and accountability.
3. Sociopolitical realities, being exemplified by proposed or enacted legislation such as English-only laws that create barriers for immigrants in schools, mental health and healthcare settings, and in the workplace.
4. Multicultural conceptualizations and research in which culture, as a multidimensional construct, is not being examined adequately through empirical and qualitative studies. Culture is more than ethnicity and race. Thus, it is posited that researchers take other considerations into account when studying culture, including language, socioeconomic and educational status, historical and sociopolitical factors, and the use of culture-centered strategies.
5. Ethical issues being raised by proponents of multicultural competency argue that "malpractice" may occur without counselor

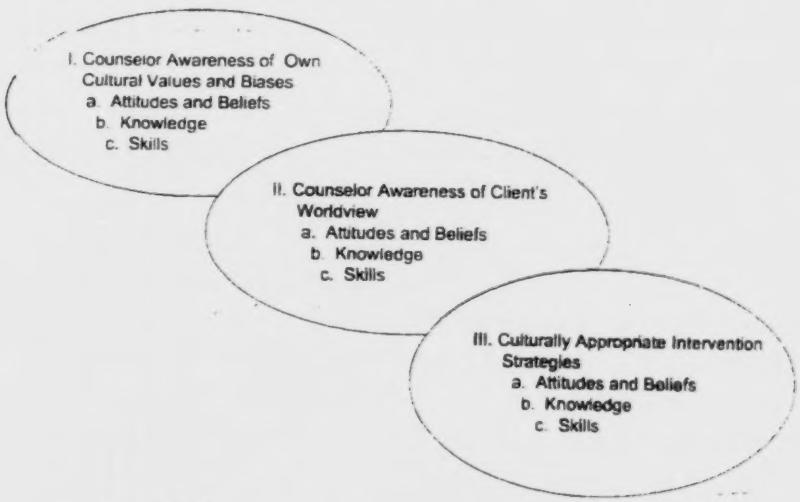
preparation, research, and supervision based on the MCC. More recently, reports based on national data show gaps in mental health access and service delivery, as reported by Surgeon General David Satcher (U.S. Department of Health and Human Services, 2001).

Defining Basic Terms and Constructs

Multicultural competencies were developed and defined to systematically address the centrality of culture, ethnicity, and race to counselor education, research and practice. The tripartite MCC model (see Figure 1), presented by the first AMCD document, establishes the primacy of Counselor Awareness of Own Assumptions, Values, and Biases (Sue et al., 1992a, 1992b) for beginning the process of multicultural competency. The second domain in the model is Counselor Awareness of Client's Worldview, and the third domain is Culturally Appropriate Intervention Strategies. Within the three domains are three competency areas: Attitudes and Beliefs, Knowledge, and Skills, which are articulated through 31 competency statements (Sue et al., 1992a, 1992b) (see chapter 2, Table 1, for a listing of the 31 competency areas). While these original competencies focus on clinical relationships between a counselor and a client, many can also apply to the interactions between a counselor educator and a student, a researcher and research participants, and program administrators and the departments they may influence.

Figure 1

Multicultural Counseling Competencies
Domains of Education and Practice
(Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996)



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Evolution of the MCC occurred through the AMCD second document *Operationalization of the Multicultural Counseling Competencies* (Arredondo et al., 1996). This document was a major contribution to the counseling literature because it contains comprehensive explanatory statements for the 31 competencies. These explanatory statements describe behaviors and practices that support and reflect multicultural competency.

Dimensions of Personal Identity Model

The Dimensions of Personal Identity model (Arredondo & Glauner, 1992) was introduced to the 1996 MCC document. The premise of this multidimensional model is that all individuals are unique, and that limiting our understanding of a person to our individual and societal perceptions of their cultural identity through the visible dimensions of race and ethnicity will only perpetuate stereotypes and assumptions. This multidimensional model suggests that culture, ethnicity, and race are three fixed facets of an individual's identity that intersect with one another and also with other dimensions, including gender, sexual orientation, religious beliefs, spirituality, and historical contexts.

Application of the Multicultural Competencies

Much of the multicultural literature prior to 1992 focused on ethnic minority clients and counseling interventions. The MCC, as has been noted, broadened this original focus to the counselor, and our historical and professional personas. With the 1996 document, particular emphasis was placed on other learning domains relevant to culturally responsive education and training, research, assessment, and practice. The next few sections offer examples of the application of the MCC.

Multicultural Competency Research

Research studies (e.g., Rotter & Casado, 1998) have demonstrated the relevance of the MCC and the three dimensions of the Personal Identity model to family counseling. The Personal Identity model serves as a template for an ethnographic approach to gathering information about clients and families. In other words, the different dimensions are cues about what to include in the data-gathering and relationship-building process.

The majority of empirical and qualitative studies and theoretical models that appear in the *Journal of Counseling and Development (JCD)* also reflect the intersection of ethnicity and race and other dimensions. In a content analysis of the *JCD,* it was noted that there has been a consistent practice of associating culture, ethnicity, and race with multiple issues, situations, and social identities

(Arredondo, Rosen, Rice, Perez, & Tovar-Gameo, 2002). By acknowledging other dimensions, MCC have become more broadly applicable to core research and specialty counseling courses.

Munley et al. (2002) reviewed 402 empirical research papers in nine APA journals published in 1999. Their objective was to determine whether information from the Dimensions of Personal Identity model was reported in those studies. Surprisingly, race/ethnicity was reported with moderate frequency (60.7%), while age (88.56%), gender (89.3%) education (78.50%), and geographic location (73.88%) were reported with the highest frequency.

Empirical research has begun to demonstrate the effects of curriculum on the multicultural competency areas of awareness of attitudes and beliefs, and knowledge (Constantine, Ladany, Inman, & Ponterotto, 1996; Constantine & Yeh, 2001; Lenington-Lara, 1999).

Multicultural Competency Assessments

Self-report assessments for counselors have been in use since the early 1990s. Among the most widely used measures are: the Multicultural Awareness-Knowledge-Skills Survey (D'Andrea, Daniels & Heck, 1991); Multicultural Counseling Inventory (Sodowsky, 1996); and the Multicultural Counseling Knowledge, and Awareness Scale (Ponterotto et al., 1996). In general, these measures reflect the MCC tripartite model (see Figure 1). They are designed to tap counselor awareness, knowledge, skills, counseling relationships, and worldview biases.

Multicultural Counseling Competencies in Curricula

The competencies serve as learning objectives for curriculum development and revision because they encompass three domains of learning: awareness, knowledge, and skills. Some of the basic tenets in counselor training are to regard clients with genuine positive regard, to view each person as an individual, and to be nonjudgmental. Aspirational in nature, these tenets have never been sufficient to address issues that arise with respect to practitioner bias and values when there are differences with clients based on age, ethnicity, race, gender, religion, spirituality, sexual orientation, and ability status.

Assuming that practitioners will recognize biases and question assumptions about clients without professional guidelines for self-monitoring is somewhat unreasonable. Thus, within each MCC domain there are specific competency statements that counselors can refer to for guidance with training, research, and clinical practice applications. A number of examples follow.

The first MCC domain, Counselor Awareness of Own Cultural Values and Biases (Sue et al., 1992a, 1992b), addresses practitioner awareness, knowl-

edge, and skills. Competencies specific to attitudes and beliefs include the following: "Culturally skilled counselors have moved away from being culturally unaware to being aware and sensitive to their own cultural heritage and to valuing and respecting differences" (p. 482), and "Culturally skilled counselors are able to recognize the limits of their competencies and expertise" (p. 482). A knowledge-related competency in the first domain states: "Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of and biases about normality/abnormality and the process of counseling" (p. 482). Finally, in the first domain one particular skills competency states: "Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity" (p. 482). The emphasis throughout the first domain is on the counselor's heightened intrapersonal development or self-awareness with respect to cultural heritage, ethnicity, and race.

The second MCC domain is Counselor Awareness of Client's Worldview (Sue et al., 1992a, 1992b). The three levels incorporated in this domain focus on the interpersonal relationship between clients and counselors, specifying the professional counselor's responsibility for developing seven knowledge-based competencies. For example, the knowledge competency areas in the second domain are: "Culturally skilled counselors are aware of their stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups" (p. 482), and "Culturally skilled counselors understand how race, culture, ethnicity, and so forth may affect personality formation" (p. 482). This set of competencies suggests that culture-specific knowledge building is necessary for responsible and ethical practice.

The third domain, Developing Appropriate Intervention Strategies and Techniques (Sue et al., 1992a, 1992b) seems most closely related to the ACA Code of Ethics and Standards of Practice (ACA, 1995). The attitudes, beliefs, and knowledge competencies are underpinnings for the skill-related competencies. Examples of competency statements are: "Culturally skilled counselors are able to exercise institutional intervention skills on behalf of their clients" (p. 483), and "Culturally skilled counselors take responsibility for interacting in the language requested by the client ... [which] may mean appropriate referral to outside resources" (p. 483).

Opportunities arise for educators, graduate students, researchers, and practitioners alike through the MCC. In many respects the competencies can serve as professional development objectives, measurable over time through deliberate practices and strategies to enhance the professional's growth and development. Prior to the MCC, there were no articulated competencies in AMCD or most ACA divisions. The articulation of the MCC makes it apparent that counseling effectiveness and ethical practice require multicultural compe-

tency development. In this regard, MCC has enhanced and possibly transformed the profession.

The Evolution of the Competencies Within Related Fields

All institutions with training programs in the helping professions stand to benefit from the creation of the MCC by AMCD. Moreover, because counseling and psychology are closely related fields, it seemed most appropriate for joint ventures to advance the two professions' multicultural focus. Therefore, a collaboration was initiated among three APA Divisions: Counseling Psychology (Division 17), Society for the Psychology of Women (Division 35), and Society for the Psychological Study of Ethnic Minority Issues (Division 45). Energy to facilitate this process came from the Division presidents, Patricia Arredondo of Division 45 and Nadya Fouad of Division 17, in 2000. Arredondo and Fouad served as co-chairs of the writing team that also involved Allen Ivey and Michael D'Andrea. This team initiated and produced the APA's *Multicultural Guidelines on Education and Training, Research, Practice, and Organizational Change for Psychologists* (APA, 2002). Unanimous endorsement of this document as policy by the APA Council of Representatives has given it high visibility. ACA members on the writing team applied their familiarity with MCC to the development of what are now six specific multicultural guidelines:

1. Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.
2. Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.
3. As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
4. Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.
5. Psychologists strive to apply culturally appropriate skills in clinical and other applied psychological practices.
6. Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

The APA *Multicultural Guidelines* are posted on the website http://www.apa.org and can be accessed through the Public Policy link.

Other Related Multicultural Guidelines

In addition to the APA guidelines, the Council of National Psychological Associations for the Advancement of Ethnic Minority Issues (CNPAAEMI) has produced two important monographs promoting culture-specific guidelines: *Guidelines for Research in Ethnic Minority Communities* (2000) and *Guidelines for Cultural Competence in the Treatment of Ethnic Minority Populations* (2002). The four major ethnic and racial minority groups in the United States, African American, Asian American/Pacific Islander, Hispanic/Latino, and Native American, are the focus of these guidelines. Unlike the aspirational tone of the APA *Multicultural Guidelines*, those developed by CNPAAEMI are instructive and often prescriptive. For example, practioneers are told, "Mental health treatment providers should be knowledgeable about the prevalence, manifestation, and treatment of Asian culture-bound syndromes" (CNPAAEMI, 2002, p. 21). Regarding African Americans, one of the guidelines states the expectation that counselors "must learn to use a diagnostic system and treatment modality that affirms an African/African American way of being in an anti-African environment" (CNPAAEMI, 2002, p. 34).

Still another significant guidelines document that complements the MCC and APA *Multicultural Guidelines* is the *APA Professional Practice Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* (APA, 2000).

There are indications that other helping professions are moving toward their own multicultural competency statements as a result of the 1992 MCC articulated by AMCD. The Committee on Cultural Psychiatry has produced an instructive text promoting the examination of cultural variables in clinical assessments (Group for the Advancement of Psychiatry, 2002). It is gratifying to see the influence of the MCC within professional associations of psychology and psychiatry.

Systemic Multicultural Development for Organizations

Multicultural Organizational Development (MOD) has also gained attention in the past 10 years. Several multicultural counseling proponents have been addressing organizational issues involving workforce diversity and diversity management undertakings in the private sector, mental health and healthcare organizations, and educational institutions (Arredondo, 1996, 1999, in press;

Cox, 1993; Fukuyama & Delgado-Romero, 2003). Specific MOD models provide frameworks that can potentially lead to organizational change and enhanced capacity to address cultural differences (Arredondo, 1996; Cox, 1993; Sue, 2001; Sue et al., 1998).

Organizational Cultural Competency Measures

At least 15 scales and assessments that measure organizational cultural competence can be identified. These measures have been applied particularly in human service settings. For example, the *Agency Cultural Competence Checklist* (Dana, Behn & Gonwa, 1992) focuses on measuring processes contributing to cultural competence in the delivery of services. The *Cultural Competence Self-Assessment* (Child Welfare League of America, 1993) examines an agency's structure, practices, and community relations. The *Workforce Diversity Audit* (Arredondo & Woy, 1997) is designed to provide a baseline and the status quo for an organization on six diversity-related criteria: professional development; staffing based on ethnicity and gender; communication practices; environmental ambiance; public relations and marketing; and organizational structure, policies, and functions (e.g., mission statement, board representation). A fourth instrument measures organizational cultural competence on a continuum ranging from "cultural destructiveness" to "cultural proficiency" (Cross, Bazron, Dennis, & Issacs, 1989).

Organizational Cultural Competency Models

A theoretical approach to MOD is the Multiple Dimensions of Cultural Competence model (Sue, 2001) with a proposed focus of cultural competence at the organizational level. As a result of his analysis of institutional barriers to multicultural competence, Sue stated that "psychologists need to understand how organizational policies and practice may affect them and their clients, how organizational subsystems may impede multicultural development, and what changes need to be made so that all groups are allowed equal access and opportunity" (2001, p. 808).

Along the same line of thought, the APA *Multicultural Guidelines* (2002) include Guideline #6 for organizational change and policy development. It states: "Psychologists are encouraged to use organizational change processes to support culturally-informed organizational (policy) development and practices" (p. 53). Although stated in aspirational language, this guideline encourages psychologists to become familiar with: (a) research findings from psychology training programs that report on how different constituencies (students, faculty, staff, and community partners) experience these training programs; (b) effective methods for organizational change such as mentoring, cross-racial dialogues,

multiculturally informed recruitment and selection processes, and examples of multicultural curriculum infusion; and (c) leadership literature that offers concepts and examples of roles psychologists can assume in policy planning.

An MCC-Based Case Study

A powerful example of organizational change is outlined in a case study on ACA prepared by the National Multicultural Competency Institute (NMCI) (D'Andrea et al., 2001). This study reports on the systematic institutional changes that have occurred within ACA since the mid-nineties. These changes include requiring that all proposals for educational sessions and learning institutes for the ACA national conference explain how they are addressing diversity issues, having a monthly column in *Counseling Today* that addresses "dignity and development through diversity," and having keynote speakers at the ACA conference who reflect multicultural competence through their professional work.

Space does not permit an accounting of the practices of different divisions within ACA that promote MCC. However, it is noteworthy that to date, policy statements about multicultural competencies have been advanced by six ACA divisions: the American School Counselors Association, Association of Counselor Educators and Supervisors, Association for Gay, Lesbian, and Bisexual Concerns, Association for Multicultural Counseling and Development, International Association of Marriage and Family Counseling, and the National Employment Counselors Association.

Additional Endorsements of the MCC

The effects of the MCC on other professional entities have been noted earlier. Division 45 Society for the Psychological Study of Ethnic Minority Issues and Division 17 Counseling Psychology both endorsed the MCC (D'Andrea et al., 2001). At their August 2002 national meeting in Chicago, the National Council of Schools and Programs in Professional Psychology (NCSPP) endorsed prescriptive expectations for multicultural competency and social justice activism in its doctoral training in clinical psychology. These prescriptions were formulated by the NCSPP Ethnic and Racial Diversity Committee; the Committee for Gay, Lesbian, and Bisexual issues; and the Women's Committee.

Social Justice Through Multicultural Advocacy

The multicultural counseling movement has also served to catalyze renewed attention to social justice issues in the profession. The MCC rationale acknowledges the sociopolitical realities in the United States and how these forces affect all people, some more adversely than others. Because counseling

does not occur in isolation from greater events in society, counselors "have a responsibility in understanding the political forces and events that affect not only our personal but professional lives as well" (Sue et al., 1992a, p. 479).

Members of ACA have taken this to heart by organizing in 2002 a new affiliate, called Counselors for Social Justice (CSJ). This entity has as its mission advocacy for different social justice issues such as poverty, the rights of immigrants and refugees, violence in the schools, and peaceful resolutions to multicultural, religious, and political intolerance (CSJ, 2002). Moreover, CSJ reminds counselors that one of our roles and responsibilities is to be agents of social change.

New literature to address advocacy and social justice has been published by ACA. *Social Action—A Mandate for Counselors* (Lee & Walz, 1998) provides counselors and organizational administrators with contemporary examples to promote diversity and challenge oppression. Particular chapters address such topics as challenging intolerance, interpersonal violence, ageism, homophobia, and systemic barriers to youths at risk. The contributors offer pragmatic strategies to promote social justice in different contexts through collaborations with partner organizations and agencies, both public and private.

Lewis and Arnold (1998) integrate the constructs of social action and multiculturalism by outlining an organizational framework. This framework was developed with ACA and its various divisions in mind. Three levels of activities are proposed: association-wide, entity-focused, and collaborative. Each of these levels includes two themes - multicultural education and social action. For example, for association-wide activities, the multicultural education goal proposed is: "Every ACA member is trained in the awareness, knowledge, and skills underlying effective multicultural practice" (Lewis & Arnold, 1998, p. 63). The social action goal reads: "An anti-oppression/social action agenda permeates all ACA policies and processes" (p. 63). Lewis and Arnold conclude by stating that involvement in political advocacy is essential for the counseling profession.

Summary and Recommendations

The journey of MCC that originated in AMCD has been fluid, dynamic, and far-reaching. In many respects, the AMCD competency documents (Arredondo et al., 1996; Roysircar, Sandhu & Bibbins, 2003; Sue et al., 1992b) can be termed as revolutionary pacesetters for the counseling profession and as catalysts for organizational change and development. For those professionals closely involved with the development of the competency documents, the pervasiveness of the MCC seems remarkable. Who would have predicted the breadth of the MCC's influence in 1992 when they were first published under the auspicies of AMCD?

Being excited about the influence of MCC in many professional venues, AMCD continues its work. There are many other ways to demonstrate the applicability of the MCC. The author suggests the following:

1. Formal endorsement of the Competencies by ACA Governing Council.
2. The use of the MCC to guide more culture-specific competencies (e.g., biracial or multiracial, Latina or Latino, GLBT, career).
3. Design of new research agendas to examine "best practices" in teach ing, research, assessment, and clinical interventions based on the MCC.
4. Endorsement of the MCC by all ACA divisions and affiliates.
5. Development of MCC-based multimedia by AMCD, instructive in the application of the competencies.

The evolution of the MCC is evidence of "zanshin," the ability to be simultaneously flexible, fluid, and constant. The MCC impacts have been and will continue to be extensive, as entities in the counseling and related fields apply them to professional development goals. As a professional psychologist, the author is proud of AMCD and its presidents, Thomas Parham, Marlene Rutherford-Rhodes, and Gargi Roysirear for giving leadership to the 1992, 1996, and 2003 documents.

Author Note

Patricia Arredondo is an Associate Professor in the Counseling/Counseling Psychology Program, Arizona State University. She is co-author of three major multicultural competencies and guidelines documents that are widely referenced. Other areas of research and publication include counseling with Latinas/os and organizational diversity management. She has held the presidency of the Association of Multicultural Counseling and Development and of Division 45 of APA, Society for the Psychological Study of Ethnic Minority Issues. She is currently president of the National Latino Psychological Association.

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Chapter 2

Counselor Awareness of Own Assumptions, Values, and Biases

Gargi Roysircar

To explain how counselors may gain awareness of their own assumptions, values, and biases, the author first addresses self-awareness tasks of counselors: (a) assessment of self-awareness, (b) examination of defensiveness, (c) self-disclosure, and (d) formation of the multicultural relationship. Second, the author summarizes her current studies on counselor trainees' development of cultural self-awareness through their practice of self-reflection in process notes that they write on their interactions with culturally different clients. Last, excerpts are provided from trainees' process notes to illustrate the essence of their use of the self-reflection process to increase awareness of their assumptions, values, and biases.

An Overview of Definitions

This chapter addresses the counseling domain of Counselor Awareness of Own Assumptions, Values, and Biases and its effect on the multicultural counseling relationship. Sue, Arredondo, and McDavis (1992a) said, "A culturally skilled counselor is one who is actively engaged in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, [and] personal limitations" (p. 481). Constantine and Ladany (2001) said that counselor self-awareness involves counselors' abilities to understand their own multicultural identities and how these will influence their interpersonal experiences. In addition, counselors' continuous awareness of multicultural issues - both in society in general and in the professional psychological setting in particular - is a competency in general knowledge about multicultural issues (Constantine & Ladany, 2001). Sodowsky, Kuo-Jackson, and Loya (1997) have favored the motto, "Counselor, know thy cultural-self" (p. 12) with regard two essential processes: self-exploration about one's own cultural heritage and racial identity, and the development of what they call a "political ideology" (p. 15),

which includes taking on advocacy or social justice roles within communities.

To provide a theoretical basis, a brief introduction to multicultural counseling competencies (MCC) follows. Sue et al. (1992a, 1992b) organized a broad set of MCC constructs, Knowledge, Skills, and Attitudes, to interface with three counseling domains: Counselor Awareness of Own Assumptions, Values, and Biases; Understanding the Worldview of the Culturally Different Client; and Developing Appropriate Intervention Strategies and Techniques. This 3X3 interaction of broad competencies with counseling domains indicated 31 core multicultural proficiencies. Table 1 presents a summary of this complex model. Subsequently, Arredondo et al. (1996) supplemented the MCC with 119 behavioral outcome statements, such as, "Can identify the specific cultural group(s) from which counselor derives fundamental cultural heritage and the significant beliefs and attitudes held by those cultures that are assimilated into [counselor's] own attitudes and beliefs" (p. 51). Sodowsky, Taffe, Gutkin, and Wise (1994) through factor analysis of the counselor self-report instrument, Multicultural Counseling Inventory (MCI), showed a set of four multicultural competency factors, thus supporting the multidimensional conceptualization of MCC, as well as pointing to the existence of a general multicultural competency factor. The item contents of the four factors of MCI, which further operationalize the MCC construct, are summarized in Table 2. On the basis of the above-mentioned three MCC landmark papers (Arredondo et al., 1996; Sodowsky et al., 1994; Sue et al., 1992a, 1992b), multicultural counseling competency is defined as having good self-awareness of attitudes and worldviews into which the counselor has been socialized, in addition to recognizing and being sensitive to a client's worldviews and attitudes. The counselor has knowledge of the cultural groups with which he or she works as well as his or her limitations. The counselor understands the effects of racial identity, acculturation, ethnic identity, minority stress, coping with minority status, and the impact of sociopolitical influences on minority persons. The counselor also has the proficiency to work with culturally different groups and the ability to provide culturally responsive treatment, as well as to translate mainstream interventions into culturally consistent strategies, skills, and interactional proficiency.

Counselor Cultural Self-Awareness

To explain how counselors may gain awareness of their own assumptions, values, and biases, the author first addresses the following counselor self-awareness tasks: (a) assessment of self-awareness, (b) examination of defensiveness, (c) self-disclosure, and (d) formation of the multicultural relationship. Second, the author summarizes her current studies on counselor trainees' prac-

Table 1. *A Summary of* Sue, Arredondo, & McDavis's (1992) *Expanded Construct of Multicultural Counseling Competencies.*

	Counselor's Awareness of Own Assumptions, Values, and Biases	*Understanding the Worldview of the Culturally Different Client*	*Developing Appropriate Counselor Interventions, Strategies, and Techniques*	*Total*
Beliefs	1. Has cultural awareness and sensitivity 2. Understands influence of culture on experiences 3. Recognizes limitations 4. Comfortable with differences	1. Aware of negative emotional reactions to client 2. Aware of stereotypes and preconceptions	1. Respects diverse religious or spiritual beliefs and values 2. Respects indigenous helping practices and networks 3. Values bilingualism	9
Knowledge	1. Aware that cultural heritage affects definition of normality 2. Acknowledges racist attitudes, beliefs, and feelings 3. Knows about variations in communication styles	1. Has specific knowledge of particular group one is working with 2. Understands impact of culture on personality, preferences (e.g., vocation, counseling style) 3. Understands sociopolitical influences	1. Sensitive to conflicts between counseling vs. cultural values 2. Understands institutional barriers 3. Aware of bias in assessment 4. Understands family structure, hierarchies, values, beliefs 5. Knows discriminatory practices in society/community	11
Skills	1. Seeks out educational, consultative, and training experiences; recognizes limits of competencies 2. Actively propagates nonracist identity	1. Familiar with relevant research and findings 2. Pursues non-professional social involvement with minority individuals	1. Conveys accurate and appropriate nonverbal messages 2. Intervenes institutionally 3. Consults with traditional healers and spiritual leaders 4. Interacts in client's language 5. Appropriately uses traditional assessment with diverse clients 6. Works to eliminate bias, prejudice, and discrimination 7. Educates and informs clients	11
Total	9	7	15	31

Table 2. *Multicultural Counseling Competencies (adapted from* Sodowsky, Taffe, Gutkin, & Wise, 1994*)*.

Multicultural Counseling Skills	*Multicultural Awareness*	*Multicultural Counseling Relationship*	*Multicultural Counseling Knowledge*
Possesses general counseling skills and proficiencies	Embraces life experiences and professional interactions of a multicultural nature	Comfortable with minority client's differences	Possesses a pluralistic worldview
Utilizes multiple methods of assessment	Enjoys multicultural interactions	Confident in facing personal limitations	Examines own cultural biases
Able to differentiate between needs for structured vs. unstructured therapies	Advocates against barriers to mental health services	Sensitive to client mistrust	Self-monitors and self-corrects
Understands own philosophical preferences/ worldview	Has an awareness and understanding of diverse racial, cultural, and ethnic minority groups	Understands countertransference and/or defensive reactions with minority clients	Uses innovative approaches and methods
Able to retain minority clients	Is aware of legalities regarding visa, passport, green card, and naturalization.	Sensitive to difficulties based on cognitive style	Familiar with current trends and practices
	Has knowledge of and tolerance for nonstandard English	Strives to avoid stereotyped and biased case conceptualization	Understands impact of acculturation
	Draws on multicultural consultation and training resources	Understands minority client-majority group comparisons	Utilizes research on minority client preferences
	Problem solves in unfamiliar settings	Knows how differences in worldviews affect counseling	Sensitive to within-group differences
	Has increasing multicultural caseload		Minority identity development considered in referrals or consultation
			Includes demographic variables in cultural understanding
			Integrates sociopolitical history into client conceptualizations

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tice of self-reflections in process notes on their interactions with culturally different clients. Last, excerpts are provided from trainees' process notes to illustrate the essence of their use of the self-reflection process to increase awareness of their assumptions, values, and biases.

Counselor Self-Awareness Assessment

It is important that counselors assess their qualifications to meet their culturally different clients' needs. Self-awareness is not an end in and of itself; taken to an extreme, it can degenerate into self-absorption, obsessiveness, feelings of guilt and anger, or perhaps even ethnocentrism. Rather self-awareness is a jumping-off point to becoming knowledgeable of and sensitive to client issues that have cultural implications.

Counselor bias. Included in the self-assessment are questions regarding counselor biases about the culture that forms the context of problems reported by a culturally different client. In fact, counselors do not need to be culturally omniscient. Rather, they need to develop the ability to reflect on their cultural and race-based thoughts, feelings, and experiences, both positive and negative, and how these impact the clients that they are working with. Counselors, additionally, need to examine the relationship between their values and their preferred theoretical orientation. While counselors account for their case conceptualizations, psychological assessments, and treatment interventions in their theoretical orientation, they often, in fact, do not trace their chosen theory to their values; that is, have an understanding that their preferred theoretical orientation is consistent with their value system. Thus, counselors are not conscious of the extent to which their counseling tasks are explained by their personal values.

Counselor's preferred theoretical orientation. Since counselors have been raised within the U.S. sociopolitical climate, they need to ask themselves how U. S. sociopolitical issues (for example, those related to communism, Islamic fundamentalists, immigration to the U.S., bilingualism, or visibility/invisibility of physical differences) have affected their social view of people, and whether this social view is related to their preferred theoretical orientation. Analyzing the cultural history of psychotherapy from a constructivistic paradigm, Cushman (1995) says, "We all tell historical stories, and by doing so we all take certain moral positions that have political consequences and are meant to further political agendas" (p. 35). Therefore, in their self-assessment of bias, counselors have to rule out (or accept) that their social view, and by extension their theoretical orientation, do not (or do) stem from their cultural upbringing. In addition, counselors will find themselves in a position where a given theory poorly accounts for certain issues presented by culturally diverse clients, for example, belief in fate, spritism, reincarnation, or family interdependence. In

these instances, counselors can expect to turn to their personal values and biases to make meaning out of clients' presentations (Cushman). Thus, by necessity, counselors must scrutinize their own assumptions, values, and biases, since they will resort to these anyway in therapy.

Self-immersion preceding sensitivity to client. The self-reflection process facilitates an immersion into one's culture of origin in order for one to experience what it means to be a member of one's race or ethnic group. When counselors are aware of their own cultures, they are then able to be sensitive to the cultures of clients who come from societies different from their own. Self-aware counselors can, then, increase their awareness of their clients' assumptions, values, and biases, and how these influence the counseling process and client-counselor dynamics.

Personalized multiculturalism in the counselor enables him or her to enter the client's world and understand what the client is experiencing culturally that will directly impact the client's growth and positive outcomes through counseling. The counselor's introspective processes become central to the interventions subsequently presented to the clients. Self-awareness is essential before the counselor decides to move further in the relationship with the client.

Counselor Examination of Defensiveness

The self-reflective process allows the counselor to explore the defensiveness, projections, anxieties, intellectualization, fears, and guilt that prevent the development of a therapeutic relationship. For instance, some counselors may deny cultural differences; that is, they may make issues of color invisible. These counselors have to question their belief that everyone is basically the same and that one can operate beyond political, historical, and cultural influences. The flip side to this is another defense, which also needs counselor self-awareness. This is the counselor's curiosity about the client's cultural background. Curiosity may result in an inordinate amount of time spent on questioning about the client's cultural background. In the first instance of defensiveness, the counselor may miss out on cultural presentations (e.g., cultural/racial mistrust or culture-bound syndromes), and in the second, polar opposite instance of defensiveness, the counselor may incorrectly attribute pathology to cultural differences. In both cases, assessment is incorrect, showing Type II error (retaining a false assumption that there is no cultural difference) and Type I error (denying the existence of psychological problems that is, in fact, true and making attributions to culture when no such effects exist). Therapy is sidetracked in the case of both errors. Because the client, like the counselor, also brings in biases and stereotypes, the counselor's awareness of personal biases facilitates the identification of client biases. Thus cultural and racial awareness serves as a catalyst for rapid identification of core problems.

Discomfort with issues of racism. Defensiveness in counselors arises when clients bring up the topic of race (e.g., Thompson & Jenal, 1994) or when clients respond to experiences of racism by blaming White society in general and seeing themselves as oppressed (e.g., Roysircar, 2004). Counselors could internalize client statements on racial concerns as attacks on them. Like their clients, they might respond nationalistically, drawing the lines of "us" versus "them," e.g., "Why are we Whites blamed for everything? We have let them into our country."

Countertransference to racially and culturally different clients must receive attention before the counselor attends to cases clinically. A negative reaction in the counselor may occur because some part of him or her fears that clients of color have accurately analyzed certain oppressive aspects of the United States culture. Feelings of guilt can arouse aggressive feelings towards the client. Anger can also arise when the counselor feels that the client is using issues of race to gain power in the relationship. Projective identifications of the counselor need to be worked through so that minority clients do not feel doubly victimized, blamed, and rejected.

Self-work with regard to homophobia. The counselor should be committed to his or her own self-work with regard to, for example, homophobia as well as negative racial attitudes towards Black, Latino, and Asian American gay and lesbian individuals. Racial and ethnic minority gay men hold triple minority status, as minority men who are stereotyped the most, as gay individuals, and as an ethnic subgroup that may not gain acceptance within their own cultural group, owing to the group's conservative religious and family beliefs. Because of ongoing self-work at three or more levels of bias, counselors can actively convey sensitivity to and acceptance of the experiences of a racial or ethnic minority gay client.

The multicultural perspective embraces the validity of multiple identities, contexts, and worldviews. Thus, it advocates facilitating social justice for marginalized groups and valuing diversity not only in race, ethnicity, and culture, but also in sexual orientation. At its best, it speaks to personal and environmental practices that provide equal opportunities to all groups in society (Sue et al., 1998).

Openness to individuality. While gaining multicultural self-efficacy in his or her ability to work with racial or ethnic minority gay and lesbian concerns, the counselor is open to different ways of thinking about the individuality of a racial or ethnic minority gay or lesbian client. Knowing how to appropriately categorize experiences as cultural, knowing when to generalize and be inclusive, and knowing when to individualize and be exclusive has been described by Stanley Sue (1998) as "dynamic sizing" of the client. Dynamic sizing will come naturally to counselors who can analyze parts of their own selves that are cultural, racial, universal, demographic, sexual, and individual: distinct parts that inte-

grate to form their unique whole person. Constantine and Ladany (2001) similarly say that understanding unique client variables is a multicultural competency that helps the counselor to keep in mind the personal and situation-specific factors that the client presents.

Awareness of White racial identity attitudes and privilege. As stated by Parker, Moore, and Niemeyer (1998), "One assumption in the literature is that White counselors can better understand others when they can understand their own racial identity attitudes and development" (p. 302). Effective multicultural training requires that a White trainee must work through various levels of White racial identity development, such as obliviousness about race relations in the U.S. (called contact); guilt and dissonance about racial injustice and oppression (called disintegration); beliefs in White superiority and denigration of other racial groups (called re-integration); academic intellectualization about racial issues (called pseudo-independence); personal ownership of one's "Whiteness" (called immersion-emersion); and, finally, abandoning White entitlement, practicing non-racist behaviors, and approaching racial issues with flexibility and complexity (called autonomy) (Helms, 1995). In addition, Peggy McIntosh's (2001) article on White privilege and male privilege enables many trainees to understand the "invisible package of unearned assets that [White people] can count on cashing in each day" (p. 95). If positive White racial identity development and multicultural competence share a relationship, as is suggested by the literature (e.g., Neville et al., 1996; Ottavi, Pope-Davis, & Dings, 1994; Vinson & Neimeyer, 2000), then the implication for counselor training is that White trainees need to focus on developing positive White racial identity attitudes, such as those of immersion-emersion, pseudo-independence, and autonomy.

Multiculturalism as an ongoing, progressive process. Hoopes (1979) theorized that intercultural learning progresses from ethnocentrism (i.e., believing one's culture is the best and being unaware of other cultures) to an awareness, understanding, and eventual acceptance of other cultures, and then to appreciating and selectively adopting diverse cultural perspectives. It isn't until the final stage that "multiculturalism" or an integrated cultural framework is achieved and even when one reaches that phase, multiculturalism is considered an ongoing process where a person is open to new experiences. Similar to Hoopes, Helms (1995) contends that if White counselors continue to progress along the lines of her racial identity model, they adopt affirmative, progressive interactions with their clients of color.

Counselor Self-Disclosure

The role and person of the counselor is critical, with the use of "self as a tool" at the core of MCC. In this approach, therapists are encouraged to share relevant values and beliefs with their clients, but they do so with a therapeutic purpose in mind rather than out of neediness, poor boundaries, or a personal agenda. For example, through self-disclosure, the counselor may be seeking one of various levels of client-counselor interactions: from initial mutual recognition of obvious similarities, to finding a common ground, to being able to take perspective of each other's differences, and finally to crossing the borders of differences and achieving deep empathy.

A counselor needs training in appropriate self-disclosure and to monitor the different effects of therapist self-disclosure on individual culturally different clients. For example, counselor self-disclosure on issues of ethnic difference from the minority client showed a positive correlation with client self-disclosure (Poston, Craine, & Atkinson, 1991). Similarly, in another study (Roysircar, Webster et al., 2004), counselor trainees encouraged English as a Second Language (ESL) students to talk about their families and home cultural practices by showing clients their own family pictures, e.g., a wedding, a graduation, or a shot of parents, siblings, and extended relatives taken together. The ESL students then voluntarily brought pictures of their families and of celebrations. The purpose of this planned counselor self-disclosure was to facilitate a discussion on cultural heritage and affirm ESL clients' ethnic identities.

Multicultural Counseling Relationship

The author of this writing has placed multicultural competencies in a relational framework (Roysircar, 2004; Roysircar & Gard, in press; Roysircar, Gard, & Hubbell, 2003). She considers the multicultural relationship to be the human element in counselor-client interactions, which is characterized with "ethnotherapeutic empathy," entailing the integration of "cultural knowledge with a dynamic experience of the client's subjective culture" (Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998, p. 262). McRae and Johnson (1991) said, "Aside from understanding one's self as racial-ethnic cultural being, it is important for counselors to examine the counselor-client relationship" (p. 131), which is characterized "with similar and different cultural values, racial identity attitudes, [and] issues of power, control, and oppression" (p. 135). In their supervision model, Martinez and Holloway (1997) have said that as the counselor commits to the process of multicultural self-awareness, power becomes a shared property of the multicultural relationship and not of one individual. In addition to shared power, involvement is an affiliative dimension that is integral to the relationship, carrying the meaning of forming intentional attachments, as each

member uses the other as a source of self-affirmation, relating freely as individuals rather than in stereotyped roles (Martinez & Holloway, 1997). The counselor and client in their shared alliance have the sincerest respect for each other and a high sense of relatedness. Speaking of specific techniques or strategies utilized in this relationship-based therapy, there is a de-emphasis on a "cookbook" or standardized method. This gives the counselor the flexibility to be culture-centered, enabling him or her to see the self of the client in relationship to a unique context. Any strategy that may be employed is implemented with the intention of assisting clients in understanding their choices and options for action within a cultural context. Calling it a multicultural competency, Constantine and Ladany (2001) said that an effective working alliance defines the goals to be worked on, the tasks of counseling, and the emotional bond involved; it is, in fact, the foundation for effective therapy.

Counselor support, warmth, and affinity. The psychological adaptation of a culturally different client relies more heavily upon the acceptance and support of the counselor from the dominant culture than upon the information, discussions, and learning that occur within treatment. In many cases the counselor is a representative of the dominant culture, including the counselor who is a person of color. Therefore his or her openness and warmth will be critical for the client's overall attitude toward the counseling process. For instance, in the case of a sample of Native Americans (LaFromboise, 1992), counselor affinity statements were seen as submissive attempts to remain affiliated with clients, when statements of differences would yield confrontation. Counselor clarification responses clustered on agreeableness and nurturance domains and were seen as friendly and submissive counselor intentions. On the other hand, counselor helpful responses clustered around competitive, mistrusting, and hostile domains, and were seen as negative counselor intentions.

Counselor empathy and alliance. In research on supervisory relationships, Cook and Helms (1988) studied issues of race among supervisees. Participants responded to the Barrett-Lennard Relationship Inventory as a means of indicating the characteristics of their supervisory relationships. Results indicated that a relationship of caring was the most important element in the development of culturally sensitive attitudes and behaviors between supervisees and their supervisors. The empathy element in the culturally sensitive supervisory relationship may be analogous to the connection that the counselor and client make when taking perspective of each other's cultures (Roysircar, Gard, & Hubbell, 2003).

Alliance versus empirically-supported treatment. Unlike the multicultural relationship model, the primary role of the therapist in the empirically supported treatment model is to administer the treatment package. The author argues

that this represents an etic or extra-cultural, standardized approach to counseling, which fails to consider the significance of the culturally and racially aware counselor, counselor recognition of dyadic racial dynamics, and counselor interface with minority client mistrust. Wampold (2001) argues that effective counseling is characterized by a counselor's ability to provide a treatment marked by congruence of client beliefs, attitudes, and values with the context and shared meaning of the treatment. A counselor forms his or her case conceptualization and chooses techniques and interventions informed by cultural and idiographic data, rather than in response to a set of symptoms or a diagnosis. As such, the relationship forms the center of the treatment and appropriate emphasis is placed on a broad set of multicultural skills, knowledge, attitudes, and experiences of the counselor. Therefore, effective treatment is a product of multicultural competence.

Empirical Studies on Cultural Self-Awareness

Richardson and Molinaro (1996) argued, "if it is accepted that counselor self-awareness is a precursor for effective and culturally relevant counseling, then critical self-awareness factors must be identified and incorporated into multicultural training" (p. 238). In her recent research, the author has investigated counselor reflections on self-awareness, as these are contextualized in the respective cultures of the client and the counselor. The participants in her studies were counselor trainees who provide community outreach to culturally or racially different individuals (Roysircar, Gard, & Hubbell, 2003; Roysircar, Gard, Hubbell, & Ortega, 2003; Roysircar, Webster et al., 2003). These studies are summarized below. In one study (Roysircar, Webster et al., 2003), master's and doctoral-level counselor trainees (N =16) served immigrant school children enrolled in a middle school's ESL Program for the experiential training component of a multicultural counseling course. The instructor provided broad practice guidelines with the goals that trainees develop the competencies of cultural awareness and multicultural relationship with adolescent clients. Trainees' process notes on 10 sessions regarding their interactional processes with clients were qualitatively analyzed to develop themes, which highlighted trainees' operationalization of their cultural awareness and relationship competencies. These themes in each trainee's process notes were also correlated with his or her responses to the subscales Multicultural Skills, Multicultural Awareness, Multicultural Relationship, and Multicultural Knowledge of the MCI instrument (Sodowsky et al., 1994). Those who were categorized as low scorers on the MCI endorsed more frequently the negative themes of Barriers, Frustrations with Barriers, Pre-Occupation with Cultural Similarities-Differences, and Anxiety about Progress than those

who were categorized as higher scorers. Those trainees who were categorized as high scorers on the MCI endorsed more frequently the positive themes of Other Awareness and Reflection, Self-Awareness and Reflection, Empathy and Self-Disclosure, Treatment Planning and Implementation, Analyses of Counselor Values, and Intentional Exchange of Cultural Information. The negative themes showed the most number of significant negative correlations with MC Skills and MC Relationship. The positive themes showed the most number of significant positive correlations with MC Relationship and MC Awareness. See Table 2 for the item contents of these subscales. Thus training experience with actual minority clients involved counselors in the multicultural relationship-building competency, which also required trainees to practice writing self-reflection pieces and to work on cultural self-awareness.

In a second study (Roysircar, Gard, Hubbell, & Ortega, 2003), two raters were educated on the meaning of positive and negative multicultural themes that were derived qualitatively from counselors' reactions to their culturally diverse clients, as stated in the counselors' process notes. This sample of trainees was different from the sample in the previously mentioned study. The negative themes were: Environmental Barriers, Frustrations with Environmental Barriers, Unintegrated Differences, Overgeneralization of Similarities, and Stereotypes. The positive themes were: Differences Integrated, Cultural Empathy-Cognitive, Affective Connection with the Client's Subjective Culture, Counselor Self-Disclosure, and Counselor Self-Reflection. The two raters (a) identified each theme and (b) counted the frequency of each theme in each counselor's process notes across 10 sessions (sample of counselors = 67). For the 10 process notes of each counselor, the sum of the frequencies of Positive Multicultural Thoughts were subtracted from the sum of the frequencies of Negative Multicultural Thoughts to arrive at a total Positive-Negative MC Thoughts (P-NMCT) for each counselor. P-NMCT were higher for counselors who showed reliable and clinically significant MCI change scores, in the improved direction, after 10 sessions than for counselors whose MCI change scores were not high enough at post-test to be considered reliably and clinically significant. Additionally, t-tests for minority clients (sample of clients = 67), who were paired with their counselors, showed significantly stronger Help-Seeking Attitudes, Well-Being Change, Satisfaction, and Effectiveness scores for the counselors in the reliable MCI change group than for counselors in the no change group.

In a third study (Roysircar, Gard, and Hubbell, 2003), a multicultural alliance/relationship framework was utilized, focusing on training variables. These training variables included session process notes in which counselor trainees wrote reflections on their cultural self-awareness in response to the

dyadic interactional process with clients. Counselor trainees also provided self-reports on two measures, the White Racial Identity Attitudes Scale (WRIAS [Helms, 1990]) and the Multicultural Social Desirability Scale (Sodowsky et al., 1998). Counselor expressions of Connection/Closeness thoughts in their process notes towards their clients increased in the later sessions, while expressions of Disconnection/Distance thoughts declined concomitantly. Connection/Closeness predicted trainees' WRIAS Pseudo-Independence and Autonomy combined subscale scores, which represent positive White racial identity attitudes. A multicultural socially desirable response bias did not relate significantly to the Connection/Closeness thoughts, Disconnection/Distance thoughts, or to the positive White racial identity attitudes of the trainees.

Counselor Trainee Self-Reflections on Dyadic Multicultural Interactions: Critical Incidents

As indicated by the author's studies reported in the previous section, her diversity and multicultural courses engage trainees in self-reflection exercises by their having to write process notes on the outreach that they provide to multicultural individuals. Excerpts are provided below from trainees' process notes to illustrate the essence of their use of the self-reflection process. The identity of individuals in the following vignettes is masked. Permission was obtained to use information in a confidential way from the outreach to evaluate the author's training program in multicultural counseling competencies. In their process notes, counselor trainees wrote on critical incidents that occurred in the dyadic process with a culturally different person. Trainees were asked to be self-reflective about the critical incidents, so as to facilitate their exploration and understanding of how counselors' personal identities are shaped by their cultural contexts. Critical incidents involve a disagreement in a multicultural setting and in which the right response is not clear, although it is clear that a wrong response will have negative consequences. The critical incident technique is related to the case study method for evaluating the behavior of a person in a decision-making setting, although the incident takes place within a brief period of time as compared to a longer case study. The primary advantage of critical incidents is the focus on observable behaviors. The titles for vignettes provided below are themes that were derived from trainees' process notes in previous studies (Roysircar, Gard, and Hubbell, 2003; Roysircar, Gard, Hubbell & Ortega, 2003; Roysircar, Webster et al., 2003), and these themes are listed earlier in this writing.

Excerpts From Trainees' Process Notes

Counselor Integration of Differences in Worldviews

My first lesson was about time. I am very northern European in my concept of time. Additionally, as a child, my father was often hours late (up to five on more than one occasion) to pick me up for visits. Those two factors lead me to hold the following assumptions: (a) everyone can be on time except in the most extreme situation; therefore (b) if you're late, it's an indirect communication of some sort (usually passive-aggressive). It has been extremely difficult to not react rigidly and angrily if I have gone to some lengths to be some place on time and the party I am supposed to meet is late. It is difficult for me to have confidence in my reactions to tardiness.

Darryl was not there when I arrived for our first meeting. I had driven 45 minutes out of my way to meet with him. I tried to be as low-key as possible when I spoke with him on the phone later. He apologized and we rescheduled our first meeting. He also missed another meeting. Because I am so unsure about my reactions/overreactions to time, I was not as direct with Darryl as I might have been if he had done something else that had upset me. Instead I asked him to explain the Native American concept of time. He was initially defensive, but then understood that I have difficulty conceptualizing a system wherein time matters much less than it does for me.

Darryl explained that in Native cultures, the gathering begins when everyone gets there. People may say, "I'll meet you by the apple tree after the sun sets." Darryl explained that this is a very freeing way to live and that when he goes to Powwows, he feels really relaxed when he removes his watch. After this informative discussion, Darryl called me when he was going to be late for one of our meetings. It felt like a breakthrough. I was left feeling pretty certain that if I had confronted him directly, as I would with others, I would not have earned the respect that I did.

By forcing myself to be low key in my response to the time issue, I was able to think what I had done, especially in the sixth meeting (he missed the subsequent meeting), to offend him. I believe I queried too strongly about his interracial marriages and biracial lineage. I assumed that he would not have married non-Indians, and especially since his mother was White, if he were unclear regarding issues of interracial marriages. It is very likely that I was wrong....

Counselor Self-Awareness and Reflection on Cultural Invisibility

The skill that I believe I have more fully developed is my ability to see myself as a racial and cultural being. Thom, a refugee from the Iranian Revolution, who has lived in the U.S. since age 4, said in the third meeting that he did not have many cultural issues to offer. His thought highlighted for me my experience as a Caucasian American. When I was younger I felt as if I had no culture. I thought that only minorities have culture. My understanding of my own cultural and ethnic self developed later when I was living in a place where the population was predominantly Asian American and Pacific Islander and I was able to compare myself with people who were culturally and racially different from me. That Thom also had the idea that because he saw himself assimilated into Euro-American culture that he was not "cultural," only highlights the invisibility of the cultural majority and the continued need for further self-exploration for Caucasian Americans.

Counselor Affective Empathy With Client's Subjective Culture and Uniqueness

Missun-Kim stated early in our meetings that because of her new location and being in a sea of White faces, when she looks in a mirror, she no longer recognizes herself. This statement hit me like a ton of bricks. This is something that I did not know - something that I never have had to experience because I grew up in a mostly White community and I am used to not seeing others like me, a person of color. This gave me new insight into what it is like for other people of color to move from a location where every one looks like them to one where no one looks like them. While I have always felt invisible to others, Missun-Kim was becoming invisible to herself. I saw that people who are different experience an array of factors that are disconcerting, in addition to racism, prejudice, and language difficulties.

Missun-Kim related to me that she had been talking on the phone with one of her friends back home in Korea, when for the first time, since arriving in the U.S., she had expressed her anger. This puzzled me. Why had she not expressed her anger? It is so natural for me to express how I am feeling one way or another. But Missun-Kim was afraid to show her anger. She did not know what was and what was not acceptable here in the United States. This was yet another aspect of living in a new society that I had truly not thought about. Missun-Kim related that she didn't feel like herself and felt extremely frustrated that she could not express herself fully. As a biracial ethnic minority person,

I have experienced racism first hand and know all too well what it looks like. However, these two critical incidents were forceful reminders that to be multiculturally competent is not just to know about racism. In some ways Missun-Kim isn't different from me, but in a lot of ways she is. I had assumed that I had to find all the ways we were alike so we would be able to connect. By doing this I risked being able to respect and appreciate Missun-Kim's unique experiences. I connected by caring for her minority experiences and perceptions as an international student.

Counselor Cultural Cognitive Empathy

This may appear simple and obvious, but it was almost an epiphany to me. It was my realization of the general impact of world history on people's current lives. In the past, my attitude could have been summed up as, "World history is an interesting series of facts and anecdotes, but what matters is each individual's here-and-now experiences." I still believe that an individual's perceived and actual experiences are central to the formation of cognitions and personality, and I still believe that their interpersonal exchanges and systems are also central. What has changed is my recognition that large-scale world history, such as the Holocaust, has created the context in which individuals currently live, even when a person does not have a strong Jewish religious identity or has anyone in her or her parents' generation of the family killed or involved in the Holocaust. I was quite surprised at Julia's response that the Holocaust was extremely relevant to her self-concept and existence. The Holocaust provided underpinnings for many of her cultural priorities and bonds, and while she may not think about it on a daily basis, it has been a major event in her life, though it ended many years before she was born. I cannot assume that just because something occurred temporally and physically distant from a person, that event did not have a formative force in this person's life.

Another less obvious but still glaringly basic insight I had was about the presence of culture in my own life. I had tended to view many of my family traditions and practices as more habitual than meaningful. For instance, I make it a point, even though it has meant considerable effort some years, of eating corned beef and cabbage on St. Patrick's Day. Every year in the past, I had explained to my now-husband that it was just because my family had always done it. This year in the midst of my multicultural interactions and self-exploration, I realized that the Irishness of the occasion was, in fact, important to me, as evidenced by the fact that I prepared a huge Irish stew all by myself, just for myself,

this year. The idea of having a culture and owning a culture of my own is something I need to spend more time assimilating.

Counselor's Analysis of Overgeneralization of Similarities

Teresa and I are similar ages, both involved in academic environments, and both from middle class families. We also look and dress similarly. Although these things seem quite superficial, I recognized a tendency in me to seek out and even possibly over-emphasize these similarities because it provided me with both the groundwork and the comfort level to build our relationship upon. I do not think identifying common ground between two individuals is generally problematic when making a connection such as this; however, I do believe it initially hindered my abilities to encourage Teresa to speak about her individual experiences.

I was made blatantly aware of an area of personal bias in an interaction that occurred between Teresa and me well into our process. Teresa told me early on that her mother was still residing in Poland while her father had lived in Chicago for several years. She rarely spoke of her father and mother in the same context, often excluding her father from conversations about her family altogether. It did not occur to me to ask if her parents were divorced, primarily because I assumed that any couple that had been physically separated for such a long period of time would not remain married. However, when Teresa began to speak more about her family history, she mentioned that her mom often considered immigrating to the United States upon her retirement. This triggered me to ask if her parents were still together. "Oh yes," she responded, "my parents do not believe in divorce." This put a completely different spin on my view of her family and the information she had given me up to this point regarding her father's lack of responsibility, Teresa living in two households separated by an ocean, and the childcare provided by her grandparents when she and her sister were young. Had I continued to operate on the basis of my assumptions about nuclear families, marriage, and divorce, a very important piece of Teresa's family makeup would have been misunderstood.

Self-reflection outcomes. Trainees' self-reflection in process notes was structured around finding answers to questions that focused on exploring one's cultural heritage, norms, values, and attitudes about diversity. For trainees, it shed light on the influence of culture on personality and cultural identity formation, and on their perceptions about their racial and ethnic group. The expected outcome for trainee self-reflection was to help trainees become better informed about their cultural heritage and what it means to be a member of a race and cul-

ture. The results, as implied by the presented excerpts, were increased understanding of self and others, and a greater appreciation and respect for differences. D. W. Sue and his associates (1998) argued, "Culturally skilled counselors actively attempt to understand the worldview of their culturally different clients without negative judgments. It is crucial that counselors understand and share with respect and appreciation the worldviews of their culturally different clients" (p. 39).

Conclusion

Counselors with multicultural competencies can potentially transform the counseling profession by demonstrating how the requisite (a) awareness of own assumptions, values and biases; (b) active attempts to understand the worldviews of culturally different clients without negative judgments; and (c) development and practice of appropriate, relevant, and sensitive intervention strategies and skills in working with culturally different clients (Sue et al., 1992a, 1992b) result in empirically verifiable delivery of effective multicultural counseling, as is evidenced in the work presented in this chapter and by other authors in this book. Further, because most counselors and trainees are either White, or minorities who are acculturated into White American mental health practice, it is critical for all counselors to understand the impact of their racial and cultural "programming" on their development of self, their perceptions of others who are not of their racial or ethnic heritage, and their preferred theoretical orientation for counseling interventions. Most importantly, new and exciting research on the relationship of multicultural competencies to therapist and client variables, interventions, and outcomes will steer the profession into examining and explaining what makes multicultural counseling work. This chapter's presentation of the dimension of counselor awareness of own assumptions, values, and biases, and of counselor trainees' practice of self-reflection to increase their cultural self-awareness provides a glimpse of the many conceptualizations and applications that can be generated for increasing cultural and racial awareness among counselors.

Author Note

Gargi Roysircar is the Founding Director of the Antioch New England Multicultural Center for Research and Practice (www.multiculturalcenter.org) and Professor in the Department of Clinical Psychology (APA-accredited), Antioch New England Graduate School, Antioch University. She does research on the interface of acculturation and ethnic identity with the mental health of immigrants and ethnic minorities; worldview differences between and within cultural groups; multicultural competencies and training in professional psycholo-

gy; and multicultural assessment and instrumentation. Dr. Roysircar has written over 130 journal articles, book chapters, and national papers/presentations. She has authored or co-edited four books. She is a Fellow of the American Psychological Association (APA) in Division 17 (Counseling Psychology) and Division 45 (Society for the Psychological Study of Ethnic Minority Issues), Immediate Past President of the Association for Multicultural Counseling and Development, the editor of APA's *Division 17 Counseling Psychology Newsletter*, and a member-at-large participant at the APPIC conference, Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology. She was awarded the 2002 Extended Research Award of the American Counseling Association. At the Antioch Multicultural Center, she integrates research with clinical services, consultation, and education. Prior to joining Antioch New England in fall 2000, Dr. Roysircar was a tenured associate professor in the counseling psychology program (APA-accredited) of the Department of Educational Psychology, University of Nebraska-Lincoln, where she began her academic career in 1988. Dr. Roysircar may be reached at Department of Clinical Psychology, Anitioch New England Graduate School, 40 Avon Street, Keene, NH 03431-3516; (603)352-3122 ext 342; g_roysircar-sodowsky@antiochne.edu.

I express deep respect for my students whose work and self-expressions I have documented in this writing, and express my gratitude to them for giving me wonderful oppertunities to examine, evaluate, and improve my training in multicultural and diversity counseling and in community outreach.

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Chapter 3

Counselor Awareness of Client's Worldview

Rebecca L. Toporek

To address issues pertinent in the second domain of Multicultural Counseling Competencies (MCC [Sue, Arredondo, & McDavis, 1992a, 1992b]), identified as Counselor Awareness of Client's Worldview, this chapter will first review literature regarding clients' experiences in multicultural counseling. Second, a clinical case example will be discussed within the context of this area of the MCC, delineating counselor beliefs and attitudes, counselor knowledge, and counselor skills. The goal of this chapter is to facilitate clinicians' identification of critical questions and implementation of behaviors that will increase their cultural understanding of their clients' worldviews.

An Overview of the Literature

This chapter will focus on the second domain of Multicultural Counseling Competencies (MCC) (Arredondo et al., 1996; Sue et al., 1992a, 1992b) called Counselor Awareness of Client's Worldview. The goal of this chapter is to facilitate counselors in implementing this second MCC domain in their applied work. Following an introduction to this particular domain and related literature, I present a case example as a vehicle for discussing worldview as an aspect of MCC. Given the complexity of this task, I have also included numerous references to literature that provides more depth to many of the concepts presented here.

Conceptual Literature

MCC (Sue et al., 1992a, 1992b) provides a framework for understanding the worldview of the client, inclusive of competencies related to the counselor's beliefs and attitudes, culture specific knowledge, and culturally relevant skills. The focus on competencies in beliefs and attitudes emphasizes the need for

counselors to gain an awareness of their own negative reactions toward and stereotypes of ethnic and racial groups. Culturally competent counselors also consider their clients' cultural beliefs in a nonjudgmental way. Knowledge refers to culture-specific information on clients' values, beliefs, religion, and spirituality; an understanding of the value-based relevance and limitations of counseling and psychological theories for clients; and an understanding of how clients' sociopolitical context may influence presenting problems and life in general. Culturally competent skill involves considering and understanding research on the mental health and worldviews of various ethnic and racial groups when choosing interventions. Culturally competent skill also includes becoming involved in ethnic minority communities outside the counseling context.

Literature on Cultural Presentations and Culturally Appropriate Treatment Strategies

Literature that provides depth regarding various aspects of the client's worldview tends to focus on cultural issues presented by clients and appropriate treatment strategies for specific ethnic groups (e.g., Aponte & Wohl, 2000; Atkinson, Morten, & Sue, 1998; Garcia & Zea, 1997; Helms & Cook, 1999; Herring, 1999; Hong & Domokos-Cheng Ham, 2001; LaFromboise, Trimble, & Mohatt, 1991; Lee & Richardson, 2002; Paniagua, 2001; Parham, 2002; Wehrly, Kenney, & Kenney, 1999), as well as clients' perspectives of multicultural counseling (Constantine, 2002; Gim, Atkinson, & Kim, 1991; Pomales, Claiborn, & LaFromboise, 1986; Pope-Davis et al., 2002; Sodowsky, 1991). Rather than focusing on the culture-specific literature (see Roysircar & Gard [in press] for such a review), I briefly discuss studies that have focused on the latter category of research: client's views about multicultural counseling. This information, it is hoped, will increase counselor understanding of client views.

Recent Empirical Studies

A qualitative study by Pope-Davis et al. (2002) concluded that the client's perceptions of a counselor's MCC in awareness, knowledge, and skill were moderated by a variety of factors. These factors formed a complex interplay between a client's identified needs, a client's characteristics, counseling relationship variables, a client's internal processes, and a client's appraisals of counseling. In this study, 10 former clients were interviewed extensively about their experiences in multicultural counseling. The model that emerged from these interviews described how clients evaluated their experience and perceptions of counseling based on whether they believed that their needs were met. Each client identified multicultural counseling competence as critical; however, in situations where the client felt that other needs were more significant, they forgave their

counselor for a lack of cultural knowledge or sensitivity. These clients worked to adapt to their counselors' abilities and approaches, limiting the amount of material that they were willing to discuss with their counselors. The types of cultural knowledge that clients identified as important included culturally specific knowledge of family relationships and expectations, racism and discrimination, acculturation, sexism and gender role issues, communication styles, cultural beliefs about counseling, cultural issues related to sexual orientation, ethnic and cultural identity, and norms for behavior.

A recent quantitative study investigated the extent to which clients' perceptions of counselors' cultural competence affected satisfaction in counseling (Constantine, 2002). One hundred and twelve clients of color were asked to report their attitudes about counseling, rate their counselors' multicultural and general counseling competence, and indicate their satisfaction with counseling. Clients who rated their counselors higher on multicultural competence tended to be more satisfied with counseling. In addition, there was considerable overlap between ratings of multicultural competence and general counseling competence (i.e., perceived counselor credibility). The findings provide support for the notion that culturally relevant counseling impacts clients' experiences in counseling.

Other previous research has suggested that counselors who demonstrate an interest in clients' cultures or who behave in culturally relevant ways are perceived as more trustworthy, credible, and competent by clients or research participants of color (e.g., Gim et al., 1991; Pomales et al., 1986; Sodowsky, 1991). Like the research by Pope-Davis et al. (2002), these studies considered client characteristics such as acculturation, racial identity, and family values of interdependence as factors that affected the ways in which clients or research participants interpreted counselors' behaviors. The knowledge competency of MCC (Sue et al., 1992a, 1992b) suggests that it is imperative for counselors to be familiar with constructs such as acculturation, racial identity, and a collectivistic orientation as aspects of the client's worldview. The findings of these studies support the relevance of culture-specific knowledge and provide a foundation for the remainder of this discussion.

Research Implications for Practice

The research cited above suggests several implications for practice. First, demonstrations of cultural competence and interest in relevant aspects of a client's cultural background may increase the likelihood that a client will feel understood and helped in the counseling relationship. Second, cultural competence may be demonstrated in a variety of ways and clients may vary somewhat in their perceptions of cultural competence. Therefore, accurate assessment of the client's perspective and experience is critical. Dimensions such as racial iden-

tity development, affiliation with one's cultural group, and expectations of the role of culture in the client's problem may be explored to help determine counseling behaviors that would convey cultural awareness. In an effort to assist counselors in understanding and developing competencies, Arredondo et al. (1996) provided some specific explanatory statements and professional development strategies. The following are two examples of such explanatory statements:

> [Culturally competent counselors] can understand and can explain the historical point of contact with dominant society for various ethnic groups and the impact of the type of contact (enslaved, refugee, seeking economic opportunities, conquest, and so forth) on current issues in society. (Arredondo et al., p. 64)
>
> [Culturally competent counselors] can distinguish cultural differences and expectations regarding role and responsibility in family, participation of family in career decision making, appropriate family members to be involved when seeking help, culturally acceptable means of expressing emotion and anxiety and so forth. (Arredondo et al., pp. 64-65)

The use of the explanatory statements and strategies outlined by Arredondo et al. (1996) can help counselors gain a foundation of awareness, knowledge, and skill, within which they may better understand relevant aspects of a client's worldview. In the following case, consider how these and other aspects may be useful in providing him with culturally competent counseling.

The Case of John

The case of John provides a stimulus for discussing aspects that are relevant to understanding clients' worldviews in multicultural counseling competence. I will describe the case, highlight culturally pertinent information, identify additional information needed, and discuss how understanding this client's worldview may enhance counseling. While the following example is based on an actual client, details about the individual and the case have been modified to preserve anonymity.

> John, an 18-year-old African American male, was seen by a White female counselor at a university counseling center on a predominantly White campus. He sought counseling due to a lack of motivation in school. John lived with his parents and commuted to campus daily. No one in his immediate family had completed a university degree. He reported having no friends at the university and only a few in high school. John reported minimal interest in outside activities or socializing with friends or classmates. His high school was predominantly

White, as was the community in which he grew up. John was uncertain of his major and his reasons for attending college. His daily routine consisted of attending classes and then returning home to watch television or sleep. He rarely completed his assigned homework or reading. He reported that his appetite was fair and that he slept approximately 8 hours each night and often took a 2-hour nap in the afternoon. He denied suicidal ideation. John reported feeling angry and irritable with his parents most of the time. John admitted feeling very ambivalent about counseling and was unsure if it could be helpful.

There are several pieces of cultural information that are relevant to our discussion. John is an African American man who was educated in a predominantly White school and community. At the time of counseling, he was living with his family. It is also notable that his counselor was White and a female.

The information provided suggests that John may have been experiencing the symptoms of a major depressive episode, given his reported sleeping patterns, irritability with family, anhedonia, and social isolation. Possible antecedents include a lack of support and connection at school, uncertain career direction, feelings of displacement, experiences with discrimination, or a number of other variables. Determining the extent to which his feelings of alienation in the educational environment were due to racism, social class, lack of social skills, or family educational background requires more information. In addition, a more careful assessment is needed in order to adequately conceptualize this case and plan appropriate interventions.

The remainder of this chapter will discuss aspects of John's case within the framework of Counselor Awareness of Client's Worldview. This discussion is organized in terms of counselor competencies in beliefs and attitudes, knowledge, and skill. I will discuss further the assessment needed for this client, and provide references to literature that may be useful in developing culturally relevant hypotheses and interventions. Throughout this discussion, I keep in mind that there are three levels to be considered for each client: individual, group (emic), and universal (etic).

Counselor Beliefs and Attitudes

The first task for the counselor is to examine her beliefs and stereotypes about young African American men. This examination should address affective, cognitive, and behavioral levels of counselor self-awareness (Toporek & Reza, 2001). According to Toporek and Reza, the counselor may intellectually hold certain racial beliefs and have affective reactions that are either consistent or inconsistent with her cognitive beliefs about African American men. Her client may perceive that she, as the counselor, holds racial beliefs that are supportive, neu-

tral, or negative toward the client. A multi-source approach for self-examination would be optimal and might include information from self-reflection and from outside sources. Such an approach could include getting feedback from African American colleagues with whom the counselor has developed a multicultural mentoring relationship (see Toporek & Liu, 2001), seeking culturally relevant supervision, and checking in with the client when therapeutically appropriate.

Knowledge

The second part of this competency considers the culture-specific knowledge that may be important in order for the counselor to understand the client's worldview. Culturally competent counseling is facilitated through an understanding of concepts such as racial identity (e.g., Helms, 1995; Vandiver, Fhagen-Smith, Cokely, Cross, & Worrell, 2001), African American acculturation (e.g., Klonoff & Landrine, 2000), African American cultural values (e.g., White & Parham, 1990), and other factors influencing within and between group differences for African Americans. In John's case, knowledge of African American families, values, and communication styles would be helpful (e.g., White & Parham, 1990). Knowledge about communication patterns within families, the value placed on education by his family and community, and how these patterns and values may or may not reflect those of the greater African American community would help the counselor better understand John's position and formulate interventions.

Culture-specific information can also help the counselor examine her assumptions about what is "normal." For example, information about how major depression may manifest in African American men may be helpful in understanding the symptoms and behavior presented by John (see Paniagua, 2001). In addition, it is important that counselors understand how different theoretical approaches may or may not be culturally relevant for treating depression among African American men. Finally, general knowledge about the sociopolitical context of clients is important. For example, the historical context of racial issues in education (e.g., Steele, 1997), the history of race relations relevant to John's African American background (e.g., West, 1993), and other issues of oppression and privilege related to the society at large would provide a foundation within which the counselor may interpret some of John's experiences.

Skills

I have divided the discussion of culturally relevant skills into assessment and intervention. In order to accurately apply the knowledge discussed in the previous section, the counselor needs to assess John's particular worldview. To understand how John's environment and experiences have influenced his world-

view, it would be important for the counselor to assess such aspects as his racial identity (e.g., Helms, 1995; Vandiver et al., 2001), degree of acculturation (e.g., Klonoff & Landrine, 2000), affinity with cultural values (e.g., White & Parham, 1990), and other factors that may influence within and between group differences. This assessment may begin within the first few sessions and be initiated by asking John to describe his sources of support and reference (e.g., extended family, church, student organizations, etc.), as well as asking John how his family interprets his behavior, who they usually go to for help with psychological or emotional issues, and their expectations of him as a student.

The counselor may further assess racial identity by determining John's feelings toward and affiliation with other African American students and White students, as well as ascertaining who he identifies as his "community." The assessment of John's racial identity may be a complicated process for a White counselor due to possible racial dynamics in the session and the counselor's own racial identity attitudes towards her White reference group, African Americans, and African American men in particular. These are important variables to consider. In John's case, he indicated that most of his friends in high school had been White and that he did not really consider being African American to be an important part of his identity. However, after several sessions, John described the inspiration he felt after listening to a prominent African American man speaking about his experiences with racism. This disclosure suggests that John may have been experiencing an internal shift with regard to his racial identity.

An assessment of John's worldview would provide the counselor with an additional perspective. To assess worldview, the counselor may inquire about such things as John's perspective of time (does he view time as a flexible scale or one that requires punctuality?); his view of interpersonal relationships, such as the role of senior family members in his education and career choices or the degree to which a sense of contribution to community is important to him; his view of human nature, which may explain his alienated responses to people around him; his activity orientation toward problem-solving and coping; and his views about determinism and normativism versus the freedom and choice of the individual (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001; Roysircar-Sodowsky & Frey, 2003).

These dimensions of John's worldview may assist the counselor in understanding his academic and career issues, values-based choices, and interpersonal relationships. While this part of the assessment can be integrated at the beginning of counseling, it is a dynamic process that is most fruitful when continued throughout the course of counseling.

In terms of interventions, there are a variety of issues that may be useful to consider. First, acknowledging racial and gender differences that exist in

counseling relationships has been identified as a critical intervention (Helms & Cook, 1999). In addition, examining the interaction between the racial identity of the counselor and client would be beneficial in understanding the dynamics that may arise in counseling (Helms, 1984, 1995). There are a variety of ways that the counselor could address these issues with John. Early in counseling, the counselor may comment, "For some clients, racial differences between themselves and their counselors may seem important. Do you have any thoughts about whether this might be important for you?" John's feelings about this may change throughout the course of counseling and therefore should be revisited as appropriate. In John's case, he initially denied that racial differences would affect counseling. He had said that most of his friends were Whites. As trust developed, he became somewhat more willing to discuss race as a potential issue.

Second, engaging the support of culturally relevant persons and organizations can be a constructive intervention. John's growing interest in his racial identity, and the counselor's interest and involvement with campus organizations designed to support African American students, provided an avenue for referring John to campus services that provided African American male mentors. This type of intervention is most effective when the counselor makes an accurate assessment of its appropriateness for a particular client and when the counselor is involved in communities that are relevant to the client's cultural background (Toporek & Liu, 2001). Often, the difficult task is determining which community is most salient for the client.

Third, there is literature that describes culture-specific counseling interventions (e.g., Parham, 2002). Culturally relevant interventions and counseling approaches may vary along such dimensions as preferences for collaboration, structure, expertness, integration of spirituality, and introspection versus behavioral intervention. In addition to information regarding these different counseling styles, there are interventions and programs designed for specific cultural groups. While culture-specific information is useful when applied appropriately, counselors should be cautious about implementing techniques or approaches with which they have little familiarity. For example, a counselor who has little experience with Africentric counseling models should carefully consider their competence before employing such models. However, they should become familiar with different models to modify their mainstream interventions.

Conclusion

MCC (Sue et al., 1992a, 1992b) provides a foundation for counselors to consider when developing their competencies in awareness, knowledge, and skills in multicultural counseling. Through explanatory statements and strategies, Arredondo et al. (1996) provide further guidance for implementing the MCC. Recent research indicates that there is a significant overlap between multicultural counseling competence and perceived counselor credibility, such that clients who perceive their counselors to be multiculturally competent also perceived those counselors as credible (Constantine, 2002). This was also the case when counselors rated a videotaped multicultural counseling session (Sodowsky, 1996). Arguably, to consider oneself competent as a counselor in general, one's multicultural awareness, knowledge, and skill must be demonstrated in counseling. Or is it that the counselor who shows multicultural awareness, knowledge, and skills is perceived as having general competence, whereas the other way round may not inevitably hold true?

This chapter presents a case example with suggestions about critical issues and possible approaches with regard to Counselor Awareness of Client Worldviews. It is imperative that counselors understand that multicultural counseling cannot be effectively implemented as a recipe. Rather, counselors must pursue a greater understanding of themselves and their clients so that they respect individual differences, recognize historical and current influences of the clients' group memberships, and draw on universal aspects that are relevant for their clients. In addition to the implications for counseling practice and training, there are significant implications for research. There is still little known about the behaviors that clients perceive as demonstrating counseling competence and cultural awareness. In addition, the influence of multicultural competencies on actual counseling outcomes has yet to be studied. Research that illuminates these and other questions has the potential to inform both practice and training.

Author Note

Rebecca L. Toporek is currently a counselor and researcher at Counseling and Psychological Services at the University of California, Berkeley. She graduated with a Ph.D. in Counseling Psychology from the University of Maryland, College Park, in 2001. She was a co-author for the article, *Operationalization of Multicultural Counseling Competencies* (Arredondo et al., 1996) and has authored numerous articles and chapters on multicultural counseling, supervision, training, and advocacy.

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Chapter 4

Culturally Appropriate Intervention Strategies

Jairo N. Fuertes and Joseph G. Ponterotto

This chapter reviews recent conceptual and empirical literature on the topic of counselor multicultural competency. This literature is then used to inform several clinical hypotheses, which are deemed culturally appropriate and intended to serve as updates to Arredondo et al.'s (1996) *Operationalization of the Multicultural Counseling Competencies.*

Observations and Definition of Counselor Multicultural Competence

In this chapter we make several observations about the topic of counselor multicultural competence, and offer these as supplements to Arredondo et al.'s (1996) *Operationalization of the Multicultural Counseling Competencies*. In offering our observations, we carefully studied Arredondo et al.'s 3X3 organization of their document: (1) Counselor Awareness of own Cultural Values and Biases, (2) Counselor Awareness of Client's Worldview, and (3) Culturally Appropriate Intervention Strategies. Each of these three areas is in turn organized into three sub-areas: (a) beliefs and attitudes, (b) knowledge, and (c) skills. This organization follows from Sue, Arredondo & McDavis' (1992a, 1992b) three-dimensional model of multicultural counseling competency. This chapter focuses on the third area of the Arredondo et al. document, Culturally Appropriate Intervention Strategies. Our observations are gleaned from the literature. They are not revisions, since we find no inherent faults with the 1996 document. In making our observations we reviewed relevant multicultural counseling literature that focuses primarily on individual counseling with adults.

Our observations are not intended to be and should not be interpreted as prescriptive, given the early stage of research on this topic. Rather, these observations are intended to stimulate thoughts about service delivery among practi-

tioners, and hopefully provide research ideas or venues for the scientists in our field. We begin our discussion by explicitly defining the terms "multicultural counseling competency" and "human diversity."

We define multicultural counseling competency as a counselor's ability to integrate into his/her theoretical and technical approach to assessment and intervention relevant human diversity factors that are important to the process and successful outcome of counseling. These factors may be relevant to the counselor, the client, and/or the counseling relationship. For the purposes of this chapter, "human diversity" refers to salient group-reference factors that are meaningful to the individual; these may include gender, socio-economic background, religion, race, ethnicity, regional/national origin, and sexual orientation, all or any of which may inform or shape individual identity, behavior, worldviews, values, attitudes, and beliefs.

Related Literature

Our observations stem from our review of evolving conceptual/theoretical models and an integration of recent empirical literature. Undoubtedly, these observations are also shaped by our clinical, supervisory, and related professional experiences. In this section of the chapter, we briefly review a select sample of conceptual and empirical work along with qualitative research that we believe duly informs this evolving document on multicultural counseling competency.

Conceptual Literature

Recently, Fuertes and Gretchen (2001) and Ponterotto, Fuertes, and Chen (2000) reviewed the leading conceptual and theoretical perspectives on multicultural counseling that inform service delivery, training, and future research. A review of each of these perspectives is beyond the scope of this chapter, and thus we encourage the reader to peruse these two original publications for in-depth reading of the models and related research. However, for purposes of the current paper, we re-examined these perspectives as well as the critical points raised by Fuertes and Gretchen (2001) and offer the following observations to counselors and researchers interested in multicultural competency.

With respect to knowledge, multiculturally competent counselors (a) know the growing and diverse theoretical and empirical literature on the topic of multicultural counseling; (b) appreciate that there is more than one way to conceptualize and deliver culturally sensitive services, and that at this point there is no evidence suggesting that one perspective is more effective than another; (c) know that perspectives on multicultural counseling supplement but do not supplant a theoretical and technical approach to helping; (d) appreciate that concep-

tual and theoretical perspectives on multicultural counseling all suggest that race, ethnicity, and human diversity factors are dynamic and thus are present and operate in the counseling session; (e) know that conceptual and theoretical perspectives on multicultural counseling address an important common factor in multicultural counseling, namely core conditions of safety, support, rapport, and the therapeutic relationship; and (f) appreciate the intersecting fabric of personality which includes individual, cultural, and universal components.

Empirical Literature

In a limited review of the empirical literature on multicultural counseling competence, Ponterotto et al. (2000) found that multicultural education and training variables contribute to levels of multicultural competency (see Constantine, Ladany, Inman, & Ponterotto, 1996; Pope-Davis, Reynolds, Dings, & Ottavi, 1994; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), that competency levels are correlated with higher levels of racial identity development (Ottavi, Pope-Davis, & Dings, 1994) and with more flexible world views (Sodowsky et al., 1998), and that counselors' culturally responsive behavior contributes to positive outcomes in counseling (see Atkinson & Lowe, 1995). Importantly, this literature review also uncovered the fact that self-report competency measures did not correlate significantly with expert-rated evaluations of case conceptualization skills (see Constantine & Ladany, 2000; Ladany, Inman, Constantine, & Hofheinz, 1997). In our review, we also came across studies that have found self-reports of multicultural competency to be influenced by socially desirable response patterns (Constantine & Ladany, 2000; Sodowsky et al., 1998; Worthington, Mobley, Franks, & Tan, 2000). Regarding ratings of competence, Worthington et al. (2000) found a slight positive relationship between self-perceived and observer-rated multicultural competence, and Constantine (2001) found that prior multicultural training predicted observer-rated competence. Also, Constantine (2000) reported a moderate relationship between multicultural competence and affective and cognitive empathy.

Another venue of research has been the direct examination of counselor multicultural competency in counseling. Constantine (2002) found an overlap between clients' ratings of a counselor's general and multicultural competency; furthermore, her findings indicated that a counselor's multicultural competency significantly predicted minority clients' satisfaction in therapy. Constantine's (2002) results are consistent with those obtained by Fuertes and Brobst (2002), who found a strong positive correlation between clients' ratings of counselors' multicultural competencies and clients' ratings of counselors' general competency and empathy. This latter study also found that counselor general competency explained a significant amount of variance in clients' satisfaction with therapy.

However, when comparisons were made between Euro-American and ethnic minority clients regarding satisfaction, counselor multicultural competency explained a large and significant amount of variance for the ethnic minority sample only, above and beyond counselor general competency and empathy.

Recently, Fuertes, Stracuzzi, Bennett, and Hersh (2002) investigated the role of counselor multicultural competency among 35 dyads in counseling, where the counselor was Euro-American and the client an ethnic minority. These authors examined the relationship between counselor multicultural competency and several indices of process and outcome in counseling, such as perceptions of the working alliance, counselor empathy, client and counselor satisfaction, and client gains from and involvement in counseling. Fuertes, Stracuzzi et al. (2002) found that for counselors, the working alliance was a consistent predictor of counselor satisfaction and ratings of client gains. For clients, ratings of counselor multicultural competency predicted their satisfaction with counseling, ratings of therapeutic gain, and ratings of involvement in counseling.

These research findings lead us to make the following observations to counselors and researchers interested in improving culturally appropriate intervention strategies: With respect to knowledge, multiculturally competent counselors (a) appreciate the level of overlap and distinction between general and multicultural counseling competency and (b) appreciate the relationship between multicultural competence and process and outcome in counseling. With respect to skills, multiculturally competent counselors (a) are able to integrate factors such as locus of control and socio-cultural etiology into assessment and diagnosis (i.e., they can discern psychopathology from environmental factors and vice versa) and (b) demonstrate authentic and genuine behavior with their clients and rein in social desirability needs.

Qualitative Research

We believe that future insights on and development in the multicultural competency model will rest heavily on qualitative research methods (see Fuertes, Bartolomeo, & Nichols, 2001; Ponterotto, 2002). Two recent studies typifying the contributions of qualitative methods to the study of multicultural competence are those of Fuertes, Mueller, Chauhan, Walker, & Ladany (2002), who interviewed counselors, and Pope-Davis et al. (2002), who interviewed clients. We will discuss each in turn because we believe they serve as models of needed research in the area.

Fuertes, Mueller et al. (2002) conducted interviews with 9 European-American counseling and clinical psychologists, asking them to recall the first 12 counseling sessions of a current or recent successful case with an African-American client. These psychologists revealed that they generally attended to dif-

ferences in race between themselves and clients directly and openly within the first two sessions of counseling. This was done to acknowledge the racial difference and to convey comfort and trust to the client, which in turn was intended to engender client trust and participation in therapy. The psychologists saw race as a central component to be discussed, and continually attended to establishing and maintaining a trusting and solid working relationship. They typically saw race-related issues as relevant to clients' concerns.

Fuertes, Stracuzzi et al. (2002) found that despite wide variability in participant theoretical orientation and in client presenting problems, the psychologists typically reported using Rogerian core skills to engage the client and to establish the relationship. Additionally, they also reported using more culture-specific and sensitive interventions to deepen and strengthen the therapeutic relationship. These interventions included relying on their level of racial identity development to understand the client, being attuned to the client's racial identity development and worldview, and attending to client reports of racism.

Pope-Davis et al. (2002) used a qualitative method known as grounded theory to develop a comprehensive and descriptive model of clients' perspectives of multicultural counseling. The authors interviewed 10 clients who had experienced individual counseling (for a mean of 20 sessions) with a culturally diverse counselor. Each client was interviewed twice in a team-interview approach. The authors outlined a grounded theory that captured these clients' experiences of the counseling process. The resulting model described clients' experiences of counseling as contingent on their perceived needs and their perception of how the counselor met those needs. The authors found that clients actively moderated and managed the extent to which human diversity factors were broached in counseling based on variables such as salience of identity, expectations for counseling, and perceived counselor behavior.

Based on these studies, we offer the following observations about culturally appropriate intervention strategies to counselors and researchers: With respect to skills, multiculturally competent counselors (a) are proficient in their theoretical stance with respect to assessment and intervention: they know how to integrate and supplement their theoretical stance with knowledge and findings gleaned from the multicultural counseling literature; (b) are able to establish core conditions in counseling, regardless of their preferred theoretical and technical approach to counseling. They are able to establish rapport and working alliances with their clients, they can heal ruptures in the alliance, they are open to criticism from or to being tested by the client, and they can establish goals and formulate tasks with the client; (c) are able to communicate openness to and are able to discuss issues associated with gender, race, ethnicity, culture, socio-economic background, sexual orientation, and other human diversity factors with their clients.

They can sensitively process differences in race and culture; (d) are able to name or identify for their clients experiences that may be of a racist or oppressive nature; (e) are able and willing to modify their theoretical and technical styles and/or interventions to meet the client psychologically, including knowing when *not* to discuss race or salient cultural differences with their clients; and (f) are able to continually evaluate the process of counseling, the progress being made on mutually agreed upon goals, and the quality of the relationship with their clients.

Conclusion

In the last decade, the multicultural counseling literature has been enriched by comprehensive models of practice and by more focused quantitative and qualitative research. As such, it is important to periodically examine and update the Association for Multicultural Counseling and Development's (AMCD) MCC Guidelines (1992, 1996, and this 2003 update) for training and practice. The Arredondo et al. (1996) and Sue et al. (1998) competency guidelines represent substantive contributions to the counseling literature; our goal in this chapter is to somewhat expand their documents through the integration of recent multicultural research reviews and sample studies. We hope this writing stimulates systematic and focused research that considers our observations from both quantitative and qualitative paradigms.

Authors' Notes

Jairo N. Fuertes is an Assistant Professor in the counseling psychology program at Fordham University. He received his Ph.D. from the University of Maryland, is licensed as a psychologist in New York State, and is board certified in counseling psychology by the American Board of Professional Psychology.

Joseph G. Ponterotto is Professor and Director of Training in the counseling psychology program at Fordham University. He received his Ph.D from the University of California, Santa Barbara, is licensed as a psychologist in New York State, and is widely sought as a consultant by schools, universities, and private institutions on issues and needs associated with multiculturalism and diversity.

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Part Two

Recent Developments and Needed Directions

Chapter 5

Spiritual Responses to Terrorism: Unity in Diversity

Mary A. Fukuyama

I wrote this chapter in response to the terrorist bombings of the World Trade Center and Pentagon on September 11, 2001, and the subsequent global tensions related to historic ethnic and religious conflicts and U.S. military interventions in the Middle East. I ask the question, "What are spiritual responses to terrorism?" I propose some answers by reflecting upon spiritual and religious values and multicultural guidelines that help address cultural differences and social inequities.

Spiritual and Multicultural Frameworks

I selected this topic in the wake of the terrorist bombings of the World Trade Center and the Pentagon in September of 2001. The events of the year following the attacks brought ethnicity, religion, and cultural diversity into the forefront of public attention. There is a strong call for "unity" in America. Yet, we are a nation built upon ethnic, racial, and religious diversity. Ethnic pride and "diversity awareness" have greatly expanded since the days of the civil rights movement in the 1950's. Indeed, cultural and religious diversity are two of our greatest assets.

What are spiritual responses to terrorism? What can multicultural psychologists do in the face of "war" that is fueled by religious fanaticism and economic and political disparities? What comprises unity in the face of divergent worldviews?

I base my comments on two major sources: spiritual and religious values, which provide moral guidance at times like this, and multicultural guidelines, which help us deal with cultural differences. I suggest that these two frameworks provide meaningful structures for the current chaos, which is at the crossroad of ethnicity, race, and religion (Fukuyama & Sevig, 1999). In

this context, I draw upon the wisdom of world religions for spiritual guidance towards the ideal of "unity" or the connectedness of all beings. At the same time, my operational definition of multicultural competencies is to validate and appreciate cultural differences and to understand power dynamics between individuals and groups (e.g., cultures, nations).

Spiritual and Religious Values

Naturally, one of the first responses to such horrors as September 11 is to ask questions like "Why?" and "Where is God?" The following Doonesbury cartoon, which addresses this response, spoke to me (Trudeau, October 5, 2001, p. 25):

> [Boopsie, a young woman, speaking to Scot, who is wearing a clerical collar] "It's hard to explain, Scot. So much of what I used to care about means nothing to me now.... Everything in my world has been profoundly shaken, not the least of which is my faith in God. I mean, what kind of God allows such terrible suffering and death?" Scot says, "Okay, so that's the #1 FAQ about God lately." She replies, "Well, I thought it might be."

Religious leaders have struggled to make meaning of suffering and to provide hope for those who endure pain and loss. A professor of theology in Delhi, India writes:

> A time like this brings out the best and the worst in us - our courage and generosity, but also all our prejudices: our individual and collective egoism, our narrow nationalism, our double standards, our sense of hurt pride. We need a new vision of human and world community. We have to find new ways of empowering people to shape it. (Amaladoss, 2001, p. 6)

What is the role of religion in today's world? It is no secret that religion and ethnicity have justified wars and purges. Religious differences are a major obstacle to making progress in human understanding and peaceful relations. Organized religion unfortunately has "lent its credibility to fanaticism" (Baha'i Universal House of Justice, 2002). God has been called upon to "bless America" and to fuel Islamic fervor for a *jihad* or holy war. On the other hand, it is my view that all world religions' teachings are based upon values of peace, reconciliation, liberation, compassion, and justice. Religious leaders need to take a strong stand on these issues to counterbalance the fanaticism which has co-opted the name of God for violence. We need to have opportunities for dialogue in interfaith communities to create social-political change (see The Millennium Peace Summit, 2000). America as a nation has the potential to play a key role in formulating

peace in the world (National Spiritual Assembly of the Baha'is of the United States, 2001).

What does it mean to be spiritual in response to terrorism? In an editorial written in *The Christian Century* dated September 26, 2001, the following wisdom was suggested:

> We are angry beyond words, and justifiably so. Theologian Reinhold Niebuhr remarked that 'the proper attitude toward evil is anger.' But we must avoid what Niebuhr saw as anger's two temptations, hatred and vengeance, and instead allow love, justice and integrity to shape our response to evil. (The Christian Century, 2001, p. 3)

Why the fanaticism? In an analysis by ABC News Nightline, several underlying issues were identified as causing resentments in the Middle East: US military support of Israel; the plight of the Palestinians; US political and military backing of repressive regimes in Saudi Arabia, Jordan, and Egypt; and control of oil interests in the Middle East (ABC News Nightline, 2001). Examining US foreign policy and its impact in the Middle East is warranted, not as a response to terrorism *per se*, but as a response to the resentments *per se*. People who are most disenfranchised have the least to lose and the most to gain through acts of terrorism.

It has been said that the point of spirituality in general, and the gospel in particular, is "to comfort the distressed" and "to distress the comfortable" (Scherer, 1961, p. 44). Religious leaders play an important role in healing our nation from this vicious assault. However, my next comments are directed to those of us who are feeling relatively comfortable. I think it is important that we awaken to an awareness of the impact that US socio-political-economic and military policies have in the world, and to understand issues of social justice on a global scale. If we aspire for peace, we must work for conditions that will ensure justice.

Multicultural Guidelines

Consider for a moment the position of multiculturalists, that is, those who support social justice and respect for diverse cultural worldviews. In this country, proponents of multicultural competency in counseling have challenged the status quo and examined issues of power, privilege, oppression, and victimization within American society. At this point in time, I believe it is necessary to take another step towards a larger perspective, and to examine our role as Americans in a global society in which we may be viewed as the oppressor and privileged class. I know how difficult it is to make this leap. In the words of Derald Wing Sue et al., "it means owning up to painful realities about oneself, our group, and our society" (1998, p. 1). It is difficult to acknowledge having

privilege and the power that goes with it (see Appendix). In addition to privilege, I suggest that we Americans take a good look at our ethnocentrism as a country. Expanding the construct of multicultural counseling competencies (MCC), Sue et al. (1998) further say that MCC is being able to define the five components of ethnocentric monoculturalism:

1. Strong belief in the superiority of one group's cultural heritage over another.
2. Belief in the inferiority of all other groups' cultural heritages.
3. Possession of power to impose standards on the less powerful group.
4. Ethnocentric notions manifested in the programs, policies, and structures of our institutions.
5. Ethnocentrism operating as an invisible veil via cultural conditioning (Sue et al, p. 14).

Consider this thought: What if the rest of the world does not embrace our values of freedom, democracy, equality, individualism, and a free market? Samuel Huntington, a professor of political science at Harvard, suggests that the greatest clashes of civilizations will be between Western, Islamic, and Chinese systems of thought and government. Huntington has warned that we cannot expect people who are not like us to become like us: "In the emerging world of ethnic conflict and civilizational clash, Western belief in the universality of Western culture suffers three problems: it is false, it is immoral, and it is dangerous" (cited in Kaplan, 2001, p. 82).

Unfortunately, one of the current global problems is that of economic disparity. The divide between the "haves" and "have-nots" continues to widen. Because I consider myself to live a modest middle class lifestyle in the United States, I had not given this much thought. I did not think of myself as a "rich" person until I spent some time in Guatemala. Now I know that I am "rich" by world standards (see Appendix). However, not everyone aspires to be rich. Among some Muslims, materialism and consumerism by American society is viewed as against religious and spiritual values (see Progressive Muslim Network, available on-line at http://www.progressivemuslims.com/). These economic issues are as important to address as those of values and cultural differences.

What does all this mean? What can you or I do? We know from oppression-sensitive literature that being an "ally" to those with less power is an avenue for social change and reconciliation. Unfortunately, the media does not report on the "good news" of people working together to make a better world; for example, the neighbors and community members who reached out to protect American Muslims and mosques from attacks and vandalism around the country after September 11 in places like Denver and Seattle (Berger, 2002).

In addition, we do not get the full story on conflict in the Middle East. Noam Chomsky (1999) points out U.S. media bias:

> ...the Palestinians and their organizations, and the Arabs more generally, have been portrayed in terms of violence, terrorism, irrationality, and uncompromising refusal to come to terms with the existence of Israel or to accept the norms of decent behavior. The contrast is clear enough in journalism and scholarship, and it is also familiar in standard media fare, where the Arab terrorist is routinely contrasted with the heroic Israeli. It would, for example, be inconceivable for a TV drama to portray an Israeli or Jewish character in the manner of a standard Arab villain, despite the ample record of Israeli terrorism over many years, effectively concealed in the United States. (pp. 5-6)

It is important not to let fear overcome reason at a time like this. Consider these words from APA's President, Philip Zimbardo:

> Terrorists create terror; terror creates fear and anger; fear and anger create aggression, and aggression against citizens of different ethnicity or religion creates racism and, in turn, new forms of terrorism. We must individually and collectively refuse to adopt the terrorists' devaluing of human life. If we do not, and we yield to the quiet rage of hatred that their vile deeds have generated in most of us, then our desire to destroy them at all costs allies us more with the forces of evil than of good. We have seen the enemy; do not allow it to become us. We have also witnessed the tremendous outpouring of positive emotions, goodwill and heroic deeds of Americans in response to this tragedy.... It may give us new reasons to be genuinely proud to be Americans who oppose evil with tolerance, compassion, justice and love. (2001, p.50)

I would like to offer words of hope. I remind myself and you to "think globally, act locally." Much of the multicultural counseling literature offers ways to negotiate cross-cultural differences; I encourage us to study and practice. All of the world religions offer guidance towards peace and justice; again, I encourage us to study and practice! However, don't feel that you must do this alone. I encourage you to find others to join together in peacemaking efforts such as through networks like "positive futures" (see *Yes! A Journal of Positive Futures*, Winter 2002) or advocacy groups like the American Friends Service Committee (available online at http://www.afsc.org).

What does it mean to have unity in diversity? I do not endorse a unity that stifles voices of dissent or difference, but one that seeks common ground amidst conflict. Nor do I endorse a unity which means we are "all the same," but one in which we seek our common humanity in the midst of human diversity. We need both - unity in diversity.

I look to spiritual teachers at a time like this. Consider the words of Thich Nhat Hanh (2001), a Buddhist monk who is a survivor of the Viet Nam War and lives in exile in France. I believe him to be an expert on cultivating a spiritual response to terrorism. During a talk given at the Riverside Cathedral in New York City on September 25, 2001, he said "I was able to see that the real enemy of man is not man [sic]. The real enemy is our ignorance, discrimination, fear, craving, and violence." And from another analyses, we hear

> The root of terrorism is misunderstanding, hatred and violence. This root cannot be located by the military. Bombs and missiles cannot reach it, let alone destroy it. Only with the practice of calming and looking deeply can our insight reveal and identify this root. Only with the practice of deep listening and compassion can it be transformed and removed. (available on line at http://www.plumvillage.org/)

Conclusion

In conclusion, I believe that the multicultural counseling competencies literature provides strong guidance for our troubled world. The religious and spiritual values of love, compassion, and justice provide an important foundation for engaging in cross-cultural work. Learning how to get along with each other has always been a challenge. Learning how to get along in a culturally diverse global community is the next step. It is my hope that counselor educators and counselors will extrapolate and apply multicultural counseling competencies beyond our national boundaries. I suggest that multicultural counselors and other mental health professionals lead the way in the practice of compassionate listening to seek healing and justice on a global level. It is through this process that we can achieve unity in diversity!

Author Note

Mary A. Fukuyama received her doctorate in counseling psychology from Washington State University and has worked primarily at the University of Florida Counseling Center in Gainesville for the past twenty years, where she has engaged in clinical practice, training, research, and teaching courses in career development, multicultural counseling, and spiritual issues in counseling. She recently co-authored a book with Todd Sevig titled *Integrating Spirituality into Multicultural Counseling,* and is interested in exploring multidimensional ways of exploring spirituality in counseling, healing, and health. She is an active member of an interdisciplinary group at the University of Florida which has established a Center for Spirituality and Health. Mary A. Fukuyama may be reached

at: 301 Peabody Hall, PO Box 114100, University of Florida, Gainesville, FL 32611; 352-392-1575; fukuyama@counsel.ufl.edu.

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Appendix

Are you privileged? Where do you fit in this larger scheme of things? Consider these facts:

If the world were a village of 100 people:

- One person has a college education
- Five are North American
- There are two personal computers; 90% of the time they are in the hands of the five North Americans
- Six people control half of the wealth, and three of those six are North Americans
- Nine speak English
- Seven own a car, of which four are U.S. Citizens who drive 75% of the world mileage
- One-third are Christian
- One-third are children
- One person is infected w/ HIV

In 40 years, the population will be doubled. People account for 99% of all pollution of the environment: waters of ocean and land, the atmosphere and soil (Rizvanov, 2002).

Chapter 6

Integrating Gender and Sexual Orientation Into Multicultural Counseling Competencies

Tania Israel

This chapter integrates gender and sexual orientation issues into the existing Multicultural Counseling Competencies (MCC). Recommendations are presented for the development of attitudes and beliefs, knowledge, and skills, which are the multicultural competency domains, with regard to counseling women of color and racial and ethnic minority LGB clients. Strategies are outlined for coalition-building among counseling professionals in order to increase awareness of oppression and create organizational change.

Expansion in Multicultural Counseling

Although the field of multicultural counseling initially attended to concerns of ethnic minority clients, the focus has expanded to address gender, sexual orientation, and intersections among various aspects of identity (Fassinger & Sperber Richie, 1997; Lowe & Mascher, 2001). Multicultural counseling often entails working with clients who belong to multiple minority groups (e.g., Native American women, bisexual Latino men); however, counselors' and clients' cultural backgrounds may affect their views about women and lesbian, gay, and bisexual (LGB) individuals, in addition to views about specific racial and ethnic minority groups. Addressing intersections of race, ethnicity, gender, and sexual orientation is, therefore, an important facet of multicultural counseling. Integrating multiculturalism with gender concerns and sexual orientation, and applying such understanding to the counselor-client dyad is a formidable task, because feminist and LGB-affirmative approaches to counseling challenge the traditional gender-related values and heterosexism that prevail in ethnic minority and European American cultures in the United States (U.S.).

Multicultural counseling competencies (MCC) have been defined in terms of attitudes/beliefs, knowledge, and skills necessary to work with culturally diverse clients (Sue et al., 1992a, 1992b). This chapter articulates MCC as they relate to counseling women of color and ethnic minority LGB clients. Identifying some ways in which gender roles, attitudes toward feminism, and tolerance for LGB individuals may differ by culture will provide a foundation for the discussion of gender and sexual orientation in the context of MCC. Recommendations are presented for the development of MCC attitudes and beliefs, knowledge, and skills with regard to counseling multiply-marginalized individuals. Finally, this chapter identifies strategies for coalition-building among counseling professionals.

Gender and Feminism

Counselor and Client Conflicts Over Gender Role Values

Gender concerns may pose a dilemma in multicultural counseling due to conflicting values between the counselor, who is often European American, and the client with regard to gender roles. There are numerous ways in which European American and ethnic minority cultures promote women's oppression. For example, counselors may encounter cultural expectations for marriage that encourage women to remain in abusive relationships and for married women to have children, familial sanctions for violating culturally-determined gender roles, and power differentials between men and women that prevent women from negotiating their needs within intimate relationships. In such circumstances, a counselor may need to determine whether or not to challenge a client's participation in beliefs and practices that are potentially oppressive to women.

Additional cultural conflicts may arise in counseling due to differing views between the client and counselor in terms of issues such as feminist identity and reproductive choice. A European American feminist therapist may interpret an ethnic minority woman client's refusal to identify as feminist as disloyal, rather than acknowledging her own possible experience of feminism as ignoring the needs of women of color and poor women. African American, Latina, and Native American women may view reproductive freedom as freedom from pressure to be sterilized (Roberts, 1997), in contrast to mainstream European American feminism's conceptualization of reproductive freedom primarily as access to abortion and contraception (Ryan, 1992). Understanding the cultural and historical contexts of the perspectives of women of color will enhance counselors' effectiveness in working with this population.

Stereotyping and Underlying Racism in Assumptions of Sexism: Counselor Attitudes and Beliefs

Stereotyping of ethnic minority women makes counselors susceptible to misperceptions and incomplete comprehension of the experiences of women of color. Representations of such cultural biases are unique to particular combinations of gender and ethnicity. For example, counselors may perceive African American female clients as angry and Asian American female clients as passive due to gendered racial stereotypes.

Counselors may alienate ethnic minority female clients by assuming certain cultural practices are "sexist" simply because they are contrary to mainstream feminist views. Conflicts exist between some forms of feminism and the interests of women of color (Bowman et al., 2001). Pollitt (1999) identified underlying philosophical differences between multiculturalism and feminism when she noted, "you could say that multiculturalism demands respect for all cultural traditions, while feminism interrogates and challenges all cultural traditions" (p. 27). Within a counseling setting, such conflicts may take the form of disparate views about whether or not orthodox religious practices are inherently oppressive, a counselor or client's negative reactions to the label "feminist," a counselor's assumption that a woman of color experiences oppression based primarily on her gender, and a European American therapist's defensive response to a women of color pointing out White women's privileged position in society (Bowman et al.).

In terms of applications of gender issues to MCC, counselors can extend their awareness to develop insight into their own assumptions about gender roles and increase their understanding of their clients' worldviews about gender. It may be easier for counselors to identify "sexism" within another culture than to see it in their own cultures and personal lives. In particular, European American counselors may not be aware of potential racism underlying their assumptions of sexism within ethnic minority cultures. For example, a mainstream European American feminist may automatically assume that a Muslim woman wearing a veil lacks consciousness about gender-based oppression. Although this may be true in some cases, multicultural feminists may also see veiling as a choice to reduce sexual objectification of women or may believe the most empowering view is to respect individual differences in women's decisions about veiling (Honig, 1999).

Recommendations for Increasing Knowledge

Counselors can enhance their knowledge of their own and their clients' cultures in terms of the following issues: gender role expectations, power relations between women and men, potentially oppressive gender-based practices

and beliefs, and attitudes toward feminism. Particularly useful for counselors seeking to acquire such knowledge are resources that frame gender within a larger context of group-based oppression (e.g., Atkinson & Hackett, 1998) and that integrate issues of feminism and multiculturalism in counseling (e.g., Landrine, 1995). Furthermore, counselors can develop an understanding of the history of women in their own and other cultures, the ways that they have been privileged or oppressed owing to their gender status, and the range of meanings of gender-based behaviors within various cultures.

Recommendations for Increasing Skills

Skills that will help counselors work with women from a variety of cultures include identification of sources of stress created by combinations of racism and sexism, reducing isolation by facilitating clients' connecting with other women of color and European American women, and increasing clients' awareness of the effects of racism and gender-based oppression. When working with ethnic minority women, counselors may be challenged to find a balance between helping clients recognize various forms of oppression and developing an awareness that the counselor's own views of what is oppressive may be influenced by culturally-defined gender expectations in the counselor's ethnic and political reference group.

Sexual Orientation

Heterosexism is supported by the gender role expectations, religious beliefs, and social sanctions of various cultures. In addition, ethnic minority individuals who view the family as a key defense against a racist society may perceive same-sex orientation as a betrayal of cultural values and loyalties (Garnets & Kimmel, 1993). Furthermore, racism exists within some LGB communities, and ethnic minority LGB individuals can lack visibility within these communities. As a result, ethnic minority LGB clients may have limited support for dealing with the internalized racism and heterosexism and the external prejudice and discrimination that they are likely to experience.

Intersection of Racial or Ethnic Identity and Sexual Identity

LGB people of color in reality manage intersecting identities and multiple oppressions (Bohan, 1996). However, existing models of ethnic and sexual identity development may not describe the complex situation of individuals who are members of both ethnic minority and sexual minority communities (Fukuyama & Ferguson, 2000). In fact, the mere existence of identities and communities that are based on sexuality is a culturally-specific concept, as evidenced

by cultures and historical periods in which same sex sexual behavior was not tied to personal, social, and political identity (Rust, 1996). In order to accommodate intersections among gender, ethnicity, and sexual orientation, ethnic minority LGB individuals may prioritize identities, loyalties, and communities by choosing one as primary, or they may synthesize by developing an identity that encompasses multiple dimensions of self (Garnets & Kimmel, 1993).

In some cases, heterosexist cultural beliefs and practices clash with LGB-affirmative perspectives. Certain religious beliefs (e.g., homosexuality is a sin), gender role expectations (e.g., women's worth is based on their ability to attract men; men should carry on the family name), and family structures (e.g., patriarchal nuclear family) create contexts that discourage LGB individuals from disclosing their sexual orientation (Garnets & Kimmel, 1993; Rust, 1996). Despite historical regard for "two-spirited" people in some Native American cultures, current attitudes of Native American individuals toward same-sex relationships reflect the negativity of mainstream European American influences (Williams, 1993). Latino communities may consider LGB orientations to be "problems" that are acquired from European-American culture (Espin, 1993). Pressure to marry and bear children may affect LGB African Americans (Loiacano, 1993). LGB Asian Americans may receive messages that they are bringing shame on their families (Rust, 1996). Such heterosexist cultural beliefs and sanctions can exacerbate the stresses experienced by ethnic minority LGB individuals. Alternatively, cultural practices cannot be dismissed or underrated, because they may serve supportive and protective functions for ethnic minority LGB individuals by providing strong family, friendship, and community networks. In fact, there is some evidence of greater acceptance of bisexuality among African Americans than among European Americans (Rust, 1996).

LGB Marginalization

Not only do ethnic minority LGB individuals face alienation from their cultural communities, they may also experience discrimination and dismissal of their values and perspectives by the primarily European American LGB community. Such marginalization of ethnic minority LGB people includes their absence in planning of social and political events and requests for excessive identification to enter gay bars (Bohan, 1996). Thus, individuals may seek refuge from one type of prejudice in a community that harbors intolerance for another aspect of their identity.

Counselor Stereotypes of LGB People of Color

In order to create a safe haven for multiply oppressed racial and ethnic minority clients, counselors need to acquire appropriate MCC knowledge, aware-

ness, and skills. In terms of awareness, counselors can examine their own beliefs about ethnic minority LGB individuals. For example, counselors may find they typically picture only European American individuals as being lesbian, gay, or bisexual. Counselors may also hold specific racialized stereotypes about ethnic minority LGB individuals, such as the assumption that Asian American gay men prefer to be submissive in relationships (Garnets & Kimmel, 1993). Such views may be based on complex intersections among gender role expectations (e.g., men should be strong and assertive), stereotypes of Asian men (e.g., Asian men are quiet and passive), and beliefs about gay men (e.g., gay men are feminine). It is important for counselors to examine their own assumptions, as well as explore the client's beliefs about their various reference groups, including ethnic, gender, LGB, family, generational cohort, and class.

Recommendations for Counseling LGB People of Color

Counselors can familiarize themselves with literature on sexual orientation, in particular the literature pertaining to ethnic minority LGB individuals. Existing literature can help counselors develop an understanding of the way a particular cultural background interacts with specific sexual orientations so that they can address the unique needs of, for example, Latina lesbians (Espin, 1993), African American gay men (Loiacano, 1993), and bisexual women and men of color (Rust, 1996).

Counselors can assist ethnic minority LGB clients in a variety of ways, including identifying sources of support within one's family and community, evaluating advantages and disadvantages of concealing LGB identity in various circumstances, and working on one's issues of internalized racism and heterosexism. Finally, counselors can help clients assess the salience of various identities and examine multiple layers of oppression in order to address the unique circumstances of clients who are faced with complex intersections of ethnicity and sexual orientation (Fukuyama & Ferguson, 2000).

Coalition-Building Among Professionals Who Advocate for Marginalized People

There are numerous advantages to coalition-building among professionals who work with ethnic, gender, and sexual diversity. Contact with professionals who focus on various aspects of oppression can help counselors combat their own racism, sexism, and heterosexism. Such collaboration can also prepare counselors to better meet the needs of the wide range of clients with whom they have contact.

Coalition-building strategies may be hindered by a variety of historical

and logistical barriers. Historically, separate professional groups in the American Counseling Association (ACA) were developed for each dimension of identity (e.g., the Association for Multicultural Counseling and Development [AMCD]; the Association for Gay, Lesbian, and Bisexual Issues in Counseling [AGLBIC]). These groups, at times, compete with each other for conference hours and representation within the organization. Additionally, some professionals have interest in multiple dimensions of identity, but find that meeting times overlap, multiple membership dues are prohibitive, or that each group is not necessarily sensitive to the issues raised by other groups. Finally, differing philosophical and political agendas may inhibit cooperation among individuals and groups. However, in order to develop a truly integrative approach to overcoming oppression, Bowman et al. (2001) say "we must find ways to hold each other in conflict as well as in collaboration" (p. 795).

Strategies for Coalition-Building

Multiple strategies may be needed to overcome the existing barriers to coalition-building. The "More Pie Initiative" in Division 17 (Counseling Psychology) of the American Psychological Association (APA) is an example of one collaborative approach (Israel, O'Brien, Morrow, & Roysircar-Sodowsky, 2001). An initial dialogue among members of the Section for Ethnic and Racial Diversity, Section for the Advancement of Women, and Section for LGB Awareness (Roysircar-Sodowsky, 2001) resulted in a commitment to create "more pie" rather than fighting over pieces of the pie. By working together, the sections hoped to obtain more conference time, achieve greater visibility, and promote more effective organizational change than could each section individually. Representatives from each section worked together to host a discussion hour at the APA 2001 annual meeting. Participants from the discussion hour started an e-mail dialogue that resulted in a roundtable meeting at the APA meeting in 2002. Other ideas that emerged from this dialogue included providing sensitivity training for members of each section and supporting the efforts of other social justice efforts within the division and in the larger APA organization. The More Pie Initiative represents a model of coalition-building that brings together professional organizations that each historically attended to a single dimension of identity or oppression.

A second strategy entails the formation of subgroups within professional organizations that address issues of gender, sexual orientation, and ethnicity. The Association for Women in Psychology has developed groups to address issues of ethnicity and sexual orientation. Such groups have provided safe spaces for marginalized members to connect with each other. Furthermore, these groups have increased the awareness of the organization as a whole by promoting pro-

gramming on underrepresented issues such as bisexuality, cultivating leaders from the membership of these groups, and creating visible celebrations of ethnic minority cultures at the conferences. Such groups can help increase the sensitivity of an organization's membership and serve as a point of connection for coalition-building. Similarly, multicultural counseling organizations, such as AMCD and APA's Division 45 Society for the Psychological Study of Ethnic Minority Issues, can develop subgroups to address gender and sexual orientation; and LGBT counseling groups, such as AGLBIC and APA's Division 44 Society for the Study of Lesbian, Gay, and Bisexual Issues, can form entities that attend to ethnic diversity and gender.

Conclusion and Recommendations

This chapter has provided a basis for addressing some of the complexities related to gender, feminism, and sexual orientation in terms of counseling ethnic minority clients. Strategies were outlined for counselors to develop and implement appropriate knowledge, attitudes, and skills to work effectively with ethnic minority female and LGB clients.

Further recommendations for training and practice include using guidelines for counseling women and LGB individuals as adjuncts to the Multicultural Counseling Competencies. The Ad Hoc Committee on Women (currently called the Section for the Advancement of Women) in APA's Division 17 Counseling Psychology developed guidelines for counseling women (Hill et al., 1979). These guidelines are now in the process of being updated by APA's Divisions 17 and 35 (Society for the Psychology of Women). AGLBIC has developed competencies for counseling gay, lesbian, bisexual, and transgendered clients (Association for Gay, Lesbian, and Bisexual Issues in Counseling, n.d.), and APA recently adopted guidelines for counseling LGB clients (Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients, 2000).

Although feminist and LGBT concerns may be, at times, at odds with multicultural issues, these three movements within the counseling field share a common goal of assisting oppressed individuals and communities. Opportunities for dialogue and integrative approaches to working with multiple oppressions can inspire growth in each field beyond what could be accomplished in isolation.

Author Note

Tania Israel is an Assistant Professor in the Counseling, Clinical, and School Psychology Program at the University of California, Santa Barbara. Her profes-

sional interests include diversity training, counselor education and supervision, feminist politics and feminist therapy, multicultural counseling, and sexuality education and counseling. Her current research focuses on the development and assessment of counselor competence with lesbian, gay, and bisexual clients. Correspondence can be addressed to the author at the Gevirtz Graduate School of Education, UCSB, Santa Barbara, CA 93106-9490. Electronic mail may be sent to tisrael@education.ucsb.edu.

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Chapter 7

Culturally Relevant Empirically Supported Treatments

Hardin L. K. Coleman

This chapter identifies the challenge to the Empirically Validated Treatment movement (EVT), as it is applied to multicultural populations. It suggests that EVT's are decontextualized treatment plans that focus on the diagnosis and not the client as he or she is embedded within a particular cultural context and/or worldview. The chapter concludes with suggestions for developing culturally relevant empirically supported treatment (CREST) approaches.

In their 1996 operationalization of the multicultural competencies, Arredondo and Toperek suggested that a core component of multicultural counseling competence (MCC) is the ability to effectively employ culturally appropriate intervention strategies. This chapter discusses the relationship between this component of MCC and the call in the counseling profession for the development and application of empirically supported techniques. Based on arguments articulated elsewhere (Coleman & Wampold, in press; Wampold, Ahn, & Coleman, 2001), this chapter outlines the challenge that doing clinical work with multicultural populations poses to the Empirically Supported Treatment (EST) movement, discusses the various approaches to addressing this challenge, and presents a contextual approach to determine the effectiveness of culturally appropriate intervention strategies.

Multiculturally Competent Interventions Adaptive to Cultural Issues and Contexts

As Arredondo and Toperek (1996) have articulated, a multiculturally competent counselor can adjust his or her interventions to the culturally relevant needs of a client. Such a counselor should be prepared to integrate issues related to (a) spirituality and religion, (b) indigenous helping practices, (c) cultural

conflict, (d) cultural and linguistic characteristics of the client, (e) variations in family structures and values, (f) multiple methods of communication, (g) institutional interventions, and (h) discrimination into the counseling process, as is contextually appropriate. In essence, they are suggesting that effective counseling from a multicultural perspective demands that a counselor respond to the idiosyncratic needs of the client within the particular context in which the counseling occurs.

If this is accurate, it means that the effective treatment of a client with depression is not a function of the diagnosis, as conceptualized within the medical model (Wampold, 2001; Wampold et al. 2001), but is a function of how the counselor works with the powerful interaction among the multiple ecologies in which the client lives and in which the counseling occurs (Coleman, Norton, Miranda, & McCubbin, in press). The ecological components that an effective multiculturally competent counselor needs to integrate include, but are not limited to, the cultures of the client and counselor, those cultures' understanding of depression and change, and the macrosystem within which the client and counselor are having their relationship (e.g., a school, a university, or community setting). This context-oriented understanding of effective treatment presents a direct challenge to the EST movement.

Multicultural "Challenges" to the EST Movement

The EST movement (see Wampold 2001 for an extensive discussion of this topic) suggests that it is unethical for a counselor to use a technique or intervention that has not passed a rigorous empirical test. This movement emphasizes the internal validity of treatments, with a significant reliance on manualized treatments that are used as a function of the client's diagnosis. It also focuses on the efficacy of a treatment; that is, it is important to demonstrate that a particular manualized treatment is more effective than an alternate treatment. The common approach to the development of an EST is to (a) determine the population that will receive the treatment, with the population being determined by the common diagnosis (e.g., depression); (b) develop a manual to guide the treatment; (c) train the counselor to adhere to the manual in treatment; and (d) randomly assign individuals who fit the diagnosis to competing treatments to determine which one has greater efficacy. Once that efficacy is determined, the EST movement argues that this is the appropriate treatment for anyone with this diagnosis until a more effective treatment has been empirically validated.

From a multicultural perspective, there are several limitations to the EST movement. As some studies have indicated (e.g., Atkinson, Bui, & Mori, 2001; Quintana, & Atkinson, in press), one major limitation is that most studies executed to develop empirical support for particular treatments for particular dis-

orders have historically not included ethnic minorities within the sample used to validate the treatment. Without that evidence, it is difficult for a counselor, for example, to apply a treatment for depression validated with European-descended females to European-descended males, let alone Asian-descended males or females, and to assume the generalizability of the treatment's efficacy. One way to address this limitation is to test the effectiveness and efficacy of these treatments with ethnic minority groups. To date, one of the few examples of this work is by Rosseló and Bernal (1999) who tested a manual for depression with Puerto Rican adolescents in which they also provided an ethnic match between the client and counselors. Although ethnic matching often occurs by default in EVT studies (i.e., most studies match European descended therapists with European descended clients), there does not exist a body of research that has actively tested the hypothesis that ethnic matching has a significant contribution to treatment outcomes.

Rosseló and Bernal's (1999) work highlights another limitation of the EST movement. With a focus on training the counselor to adhere to a particular protocol, the EST movement violates some of the core assumptions of the multicultural counseling perspective, which suggests that it is the ability of the counselor to connect with the worldview of the client that creates the conditions for behavioral and psychological change. From the MCC perspective, there is more of an emphasis on the counselor's competence to assess and respond to the needs of the client than on an ability to adhere to a treatment manual. Rosseló and Bernal's work also leads to the question concerning the role of ethnic matching as an element of effective treatment. In other words, the EST movement does not address the concern that counselor competence and client cultural factors have a powerful influence on the outcome of counseling (Coleman, 1998).

Treatment Effectiveness Versus Efficacy

Coleman and Wampold (in press) have identified a third limitation to the EST movement, particularly as it applies to the movement's lack of contextual sensitivity. As Wampold (2001) has determined in a substantive examination of ESTs, more variance in the outcome of treatment is explained by therapist variables than by the manuals used in the treatment. This finding suggests that the competence of the counselor combined with how they treat the client within a particular context may be the important interaction that leads to effective counseling. Based on that perspective, Coleman and Wampold argue that counselors need to focus more on the effectiveness of their interventions than on the efficacy of the treatments. From an MCC perspective, they argue that it is more important to show that the treatment meets the desired outcomes, as defined within the client's world, than it is for the counselor to use a treatment that has

been shown to be better than another treatment in another context. Therefore, one can conclude that there needs to be a greater focus on the ecological validity rather than the internal validity of treatment and more emphasis on the effectiveness of interventions than on their relative efficacy.

From a multicultural perspective, then, it is a vital aspect of counselor competence to become adroit at experimenting with a range of culturally appropriate strategies and evaluating their effectiveness with clients. As articulated by Sue, Arredondo, and McDavis (1992a, 1992b) and then by Arredondo and Toporek (1996), key components of effectiveness are counselor awareness, knowledge, and skills. The dominant focus within the MCC literature has been on the counselor in terms of his or her ability to develop an effective relationship with culturally diverse clients. A core assumption within this writing is that we need to pay increased attention to the identification of effective interventions with culturally diverse clients without developing an overreliance on decontextualized treatment. This need provides direction to scholars interested in the development and dissemination of culturally relevant empirically supported treatments (CREST s), and expands on the skills needed for a counselor to be considered multiculturally competent. The balance of this chapter will address research and counselor competence considerations.

Towards a Model for Culturally Relevant Empirically Supported Treatments

Since a core assumption in the MCC literature - that counselor competence is the key to effective treatment - is shared by current research on effective counseling (see Wampold, 2001), it is particularly important that research identify those clinical skills that have a direct impact on treatment outcome. To date, research has focused on the attitudes and knowledge of multiculturally competent counselors rather than on the skills or training needed to develop those skills (Coleman, Morris, & Norton, in press). The first step to being able to identify the impact of being multiculturally competent is developing heuristics for measuring or identifying the effect of the counselor within the treatment process. The next step in the process is identifying the skills that are central to the process and evaluating their potential impact, first in analogue studies and then in actual treatment settings (Coleman & McCubbin, 2002). A third and extremely complex step in the identification of a CREST is using methods of evaluation that are effective at integrating both an understanding of context and the impact of context on treatment outcomes. Although this might be achievable using post-positive methods, it seems that the complex and contextually oriented factors that contribute to treatment outcomes may better be accessed through ideographic or phenomenological methods (Coleman & Wampold, in press; Constantine,

Kindaichi, Arorash, Donnelly, & Jung, 2002; Ponterotto, 2002). For example, Pope-Davis et al. (2002) recently completed a grounded theory study of client perspectives of multicultural competence. The study captures the complex issues that affect treatment outcomes that would not have been available through an experimental design. These outcomes are not inaccessible just because we do not have the right measures, or cannot afford the type of research that can systematically control all the relevant factors in treatment. In reality, the factors that contribute to treatment outcome may be inaccessible within an experimental design because they are effective as a function to their relationship to a particular context and a particular client within that context. This is not to suggest that experimental design as a part of developing and evaluating CRESTs be abandoned, but it is to suggest that ideographic methods (e.g., grounded theory or extended case method; see Creswell [1998] for a more in-depth discussion on qualitative inquiry) be given an equal partnership in the process of evaluating the effectiveness of programs designed to meet the needs of multicultural populations.

Guidelines for CREST Program Development and Evaluation

One of the challenges to developing CRESTs, without predetermined methodological standards, is knowing how to evaluate both their effectiveness and their efficacy. This is one of the skills that a multiculturally competent counselor needs to develop. To facilitate that process, this chapter will end with four guidelines that can be used to guide program development and practice with multicultural populations:

1. The first thing that a counselor or a program needs to do is clearly articulate the theory that guides the intervention. This theory needs to include why certain approaches are being used and how they are being perceived as relevant to the population being served. In addition, this theory needs to identify desirable goals and outcomes of the intervention.
2. It is paramount that a CREST understand that the relationship between the client and counselor is the key process variable leading to effective treatment. Both the theory and the evaluation procedures need to address this variable.
3. A method for systematically evaluating the effect of the techniques used and of the outcomes of the interventions needs to be clearly identified so that consumers of the evaluation can make an independent assessment as to the effectiveness and the efficacy of the treatment. To achieve this with multicultural populations, there needs to be a willingness to use mixed methods (i.e., qualitative and quantitative) for the evaluation process.

4. A multiculturally competent counselor needs to demonstrate a willingness to change his or her theory and practice based on the outcome of his or her evaluation. If the evaluation is client- and context-focused, as is advocated in this chapter, then the feedback from the evaluation should serve as the guide for future practice.

Conclusion

This chapter argues that developing effective programs to serve multicultural populations presents a challenge to the current movement to develop empirically validated treatments. This chapter advocates for a position that culturally appropriate intervention strategies are best developed and evaluated within the context in which they are being used. The position suggests, therefore, that an important part of multicultural counseling competence is the ability to design and evaluate interventions that are culturally relevant rather than being dependent on manualized treatments designed to focus on a diagnosis rather than an individual. This chapter argues that a major focus for the next generation of multiculturally competent counselors and scholars is to develop an increasingly sophisticated understanding of what makes a culturally relevant treatment work and to gain evidence to support that understanding.

Author Note

Hardin L. K. Coleman, Ph.D., is Professor of Counseling Psychology at the University of Wisconsin-Madison. His research interests are focused on the following three areas: providing effective and culturally relevant interventions to children and adolescents, understanding cultural identity development, and the acquisition of multicultural counselor competence. In his clinical practice, he provides culturally specific treatment and consultation to African American adolescents. He can be reached at the Department of Counseling Psychology, 321 Education Building, 1000 Bascom Mall, University of Wisconsin, Madison, WI 53706; (work) 608.262.2161, (fax) 608.265.3347, (email) hcoleman@facstaff.wisc.edu

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Part Three

Multicultural Competencies as Understood by Counselor Trainees: Case Conceptualizations

Chapter 8

A Counselor Trainee's Conversations With a Colombian Immigrant Woman

Cheryl Wilczak

As part of a multicultural experiential assignment, the author interviewed a 39-year-old Latina who immigrated to the United States from Colombia at age 24. The interviews consisted of 10 weekly 1-hour sessions. Terms and concepts pertinent to the Colombian interviewee's culture are presented, followed by a case study that addresses criteria for multicultural family assessment, as put forth by Sodowsky, Kuo-Jackson, and Loya (1997). Finally, interactions between the interviewer and interviewee are analyzed from the perspectives of both participants.

Experiential Project to Increase Understanding of Counselor Values and Interviewee Worldview

I am a third-year doctoral student in clinical psychology. The following work is the result of a semester-long project, which was part of a course entitled Human Diversity and the Clinical Enterprise. The purpose of this course was to increase students' personal cultural awareness as well as sensitivity to the cultures and worldviews of others through a series of informal meetings between a therapist trainee and an individual from a different culture. The therapist trainee was required to participate in 10 one-hour sessions, during which issues of culture, family, values, power, and related ideas could be informally discussed. While these meetings did not constitute a therapeutic relationship, the trainee offered empathetic listening, with the intention of empowering the interviewee to discuss issues and ideas related to her cultural processes and concerns. In session process notes, the trainee reflected on the interviewee's stories by self-disclosing personal reactions to the interviewee, from the perspective of the trainee's worldview and cultural socialization.

My interviewee, Marta, and I engaged in this project to explore how we might increase our understanding of each other. For this reason, Marta verified this writing, to check the accuracy of my understanding of her. Initially, I believed my case study was an accurate accounting of the conversations between us. However, Marta had different viewpoints concerning the nature of our interactions and my recounting of information about her life. After her feedback, I realized that, despite my best efforts, I had understood some aspects of her life through the personal lens of my worldview, which represented my subjectivity and bias. Marta's feedback on the case study brought me to a richer understanding of who she is and how I related to her during sessions.

According to Sue, Arrendondo and McDavis (1992a, 1992b), multicultural counseling is organized into three counseling domains: Counselor Awareness of Own Assumptions, Values, and Biases; Understanding the Worldview of the Culturally Different Client; and Developing Appropriate Intervention Strategies and Techniques. These three domains interface with broad counseling competencies of Knowledge, Skills, and Attitudes to form a matrix that defines core multicultural proficiencies. My case study deals largely with knowledge of my own values and attitudes and my evolving understanding of Marta's worldview beyond the context of the literature on Latinas.

In order to complete the case study of Marta, I reviewed the available literature on Latinos and specifically Colombian people. I discovered several culture-specific terms and concepts that appeared to characterize some of the interactions that occurred between Marta and myself. The concepts discussed should not be construed as true for all Latinos or to represent an enormously diverse group of people in general terms.

Terms and Concepts Familiar in Colombian Culture

Familismo

"Familismo" emphasizes both the immediate and extended family as an important and supportive network that provides a sense of identity, solidarity, and belonging. For many Latinos, the family is at the center of daily activities and relatedness and is viewed as a problem-solving unit. Family members tend to possess a deep sense of obligation to each other for economic assistance, encouragement, support, and personal correction (Castellanos, 2000).

Research has shown that attitudes concerning familismo might be different across generations within the same family, such as parents and the next generation of children. In the United States (U.S.), these generational differences in familismo are most likely due to acculturation experiences (Montoro-Rodriguez & Kosloski, 1998).

Personalismo

"Personalismo" refers to a pervasive Latino orientation towards close interpersonal relationships. Latinos regard themselves as friendly and hospitable, and will strive to be viewed as "simpatico." Not having a direct English translation, this term includes qualities such as charm and openness. Behaviors or qualities that express this cultural norm include loyalty, honesty, generosity, hospitality, and a sense of mutual trust (Castellanos, 2000).

Respeto

"Respeto" refers to the value that every person deserves to be treated with politeness and respect. Latino culture is characterized by great respect for the elderly of either sex. An honored place in the family is reserved for elders because of their accomplishments, wisdom and insight, and the sacrifices that they have made on behalf of the family (Smart & Smart, 1995). Qualities such as humility, deference, submissiveness, and obedience are all associated with respeto (Castellanos, 2000).

Dignidad

"Dignidad" refers to the integrity and worth deserved by all people. Latinos often attempt to present themselves in a dignified manner, particularly when they are in public. Dignidad also involves a sense of self-respect, exemplified by concepts such as responsibility and hard work. Latinos value those who are able to command respect.

Traditionally, a Latina was expected to exhibit respectful behavior towards men and elders at all times. Additionally, she behaved in a manner that commanded respect for herself in all situations (Castellanos, 2000).

Machismo

"Machismo" describes the role of a Latino male in the family and in society, as well as the behaviors appropriate to this role. Machismo has been associated with the dual standards of two apparently paradoxical principles: sexuality and morality. It is to be noted, however, that a male gender role is societally-determined, and that the expectations of masculinity are widely prevalent in all countries and societies of the world. Therfore, conceptually, "machismo" may not be typical only of Latinos.

Sexuality issues. Masculinity is demonstrated by standards of physical and sexual prowess, even if these are observed outside the marriage. The stereotype of the "macho" Latino is that he is strong and dominating. He makes all the important decisions regarding his family. He might view women as inferior and judge them as distinctly good or bad (Castellanos, 2000; Moore & Pachon, 1985).

Morality issues. Conversely, machismo is also viewed to include positive behaviors. For example, a truly macho Latino is expected to take responsibility for protecting and providing for his family. He will treat women with respect, and exhibit qualities of honor, daring, courage, self-confidence, and strength of will (Castellanos, 2000; Torres, 1998). The dual standards underlying machismo, it is suggested, could cause psychological conflicts for both genders in modern times (Castellanos).

Marianismo

"Marianismo" refers to the traditional Catholic worship of the Virgin Mary and to the archetype of the ideal woman and mother. Mary embodies the proper role for a Latina in the family and society. Thus an ideal Latina is pure of mind, body, and spirit. She is charitable and generous, ready to sacrifice everything for her family.

For an immigrant Latina living in U.S. society, the traditional role of marianismo is often challenged, bringing stress and conflict to relationships within the family. On the positive side, a modern version of the female ideal allows Latinas to strive toward self-assurance, competence, and societally-prescribed empowerment within the family (Castellanos, 2000; Torres, 1998; Vasquez, 1994).

Catholicism and Santeria

Although many Latinos in the U.S. are Catholics, some traditional Latinos may utilize spiritism, including mediums, in their spiritual practices outside of church worship. Santeria, a branch of spiritism, specifically involves the worship of the saints as reincarnations of ancient ancestors. Spiritism provides a spiritual dimension to mental and physical health. Mediums or spiritualists are available to consult, diagnose, and treat people. They are integral to the Latino folk culture and are more valued by traditional Latinos over Western psychotherapists and psychiatrists (Berthold, 1989).

The concepts and terms defined above coincide with Marta's reports of her own experiences, values, and beliefs. These concepts are directly applied to Marta's case study.

Case Study

The following case study results from Marta's self-reports about her life, both in Colombia and in the U.S. It represents the information that she selected to report within our 10 sessions of mutual conversations. Additionally, this case study addresses most of the criteria for multicultural family assessment,

as put forth in *Outcome of Training in the Philosophy of Assessment: Multicultural Counseling Competencies* (Sodowsky et al., 1997). We were not engaged in therapy; therefore, this assessment did not focus on a family problem. Nonetheless, many of the criteria for family assessment may be applied to this study. The following domains of family functioning are explicated by Sodowsky et al. as essential elements in a family assessment: (a) family composition, (b) primary caregivers of children, (c) family response to disobedience and aggression, (d) family perception of member problems, (e) family perception of health and healing, (f) family perception of help-seeking and intervention, (g) language, and (h) interaction styles of members. These eight assessment domains, along with the Latino constructs explained previously, are woven into the case presentation.

Marta is a 39-year-old, bilingual woman from Colombia, who immigrated to the U.S. when she was 23 years old. She arrived with her boyfriend, whom she later married; her parents; and younger sister. Marta's older sister joined the family in the U.S. at a later date. Marta's family immigrated primarily to increase their financial and career opportunities. Marta had one daughter with her husband and, eventually, she divorced him. Marta's two sisters, one older and one younger, are married and live in the United States. Marta now has a boyfriend who is Irish-Italian American, and she earns her living by owning and running a beauty salon.

Family Composition and Primary Caregivers

In Colombia, Marta grew up in an affluent community, owned by a French steel company, which was walled off from other communities in the area. Her father, a steel engineer, was provided with a rent-free home and many free services. The community was sheltered, consisting of skilled professional and management level company employees with high status, who generally associated only with each other. Lower status employees lived in the poorer surrounding vicinity. Marta reported that class differences were marked in her Colombian community, and there was a distinct power differential associated with class.

While none of the other married women in the walled community worked, Marta's mother was unique in that she maintained a business of her own. Marta's grandfather had maintained a shoe business for many years, and his encouragement had inspired Marta's mother to establish her own business and strive toward independence. Also, single Colombian women often worked in various positions within the steel mill. Therefore, Marta's mother and her particular community challenged, to some extent, the marianismo gender role expectation that married women remain in the home. Marta's father, while maintaining the status of primary decision-maker in the family, supported his wife's decision to work.

Her mother's business consisted of a clothing and shoe store. Marta and her two sisters often accompanied their mother to the store, just as Marta's daughter sometimes accompanies her to work now. At a young age, Marta and her siblings were taught to value the possibility of having a career. Even though Marta's mother had hired people to help out with household work, extended family members cared for the children when they were young. Marta describes her family as extremely close. Familismo was valued in Marta's family in the areas of childcare, sacrifice, and hard work for the benefit of the family, and in decision-making for the collective good (Moore & Pachon, 1985; Smart & Smart, 1995). Marta revealed that her family was originally from Spain and had settled in Colombia "generations ago," but did not know for how many generations her family had resided in Colombia.

Obedience Determined by Gender, Age, Family Values, and Hierarchy

Marta's father was, at times, gruff and authoritarian with his children, particularly surrounding issues of sex, as were many Latino Catholic fathers of his generation. Marta's father maintained strict discipline within the family. His enforcement of the ideal that women must be pure or they are bad was deeply ingrained in the thinking of his daughters. While he embodied some strong, authoritarian attitudes associated with machismo, he had no sons. It appears, however, that his daughters took on some of the stronger roles within the family associated with the traditional roles of sons. According to Marta, the cultural value of respeto is evident in the way she audibly alters her tone of voice when addressing her father: her tone becomes quieter and more deferential. She speaks little and spends more time listening than talking.

Marta's mother was the primary caregiver in the family even though she worked; her father, however, was also involved in caregiving. Marta often described her mother as devoutly spiritual. She was good to her neighbors, compassionate, and caring. She welcomed members of the extended family to stay in her home when family members had financial difficulties. She conducted herself with dignity and piety, and prided herself in values associated with marianismo, even though she was financially independent and enterprising. The qualities that Marta values most in her mother are roles often associated with the traditional Latina. While she values her mother's independence, she values even more her mother's ability to keep her family together.

Because of their Catholic heritage, Marta's family adhered to the value that the family must be preserved with the father as the head of the household. Marta described that in Catholic Colombian families, sex is considered to be a wife's duty to her husband, despite her own wishes and cycles of desires. This

value is coupled with the idea that sex outside of the procreative role is a taboo. Women who are raised within this central value system sometimes have difficulties with experiencing pleasure from sex. Marta experienced her own conflicts with these ideologies. After a period of time in the U.S., she divorced her husband and eventually began her current relationship with an Anglo male.

Marta is close to both of her sisters. Her older sister is her business partner and assists her in running her salon. Friends have always been secondary to family members for Marta. While she has friends, these relationships are superficial in comparison to those with family members. The family makes many decisions together regarding business and finance, which may include friends, but issues and problems are generally kept within the family. There is a strong tendency in the family to help each other and mobilize in emergencies with precision and immediate action. Despite internal conflicts, the family functions as a unit when issues involve survival and the well-being of family members.

Perceptions of Health, Healing, and Help-Seeking

Marta's Catholic upbringing has deeply influenced her life and the lives of her family in regard to issues of physical illness and emotional distress. When she was young, Marta remembers that her mother was ill, with a lump on her neck. The family asked a traditional healer, who performed healings in the names of certain saints, to come to their house to heal their mother. The healer went into a room with Marta's mother and performed a private ceremony. Shortly thereafter, Marta's mother exhibited a sharp decline in symptoms. Doctors reported that her condition had improved and there was no sign of the lump.

The tradition of spiritual healing has remained intact in Marta's family in the U.S. At one time, Marta's sister experienced intermittent seizures. After full medical testing at a hospital, no cause for the symptoms could be found. Eventually, the family took her to a Catholic medium who performed spiritual healings in the name of Saint Gregory. Marta reported that her sister has not had any seizures since she visited the healer several months ago. While Marta did not explicitly state that her religious faith contained elements of Santeria, her descriptions suggest that it is woven into the traditions to which her family subscribes.

Marta discussed the nature of her faith during our sessions. She does not believe that it is necessary to go to church to truly know God. She believes that it is more important to be a good person and do good things. Marta stated that there are many people who seem to be very religious, but who are malevolent people. Marta believes that if one continues to work for what is true and good in the world, then God takes care of him or her.

Marta's Career Experiences in Colombia and in the U.S.

In Colombia, Marta was trained in the hotel business. In this particular field, individual families owned entire businesses and excluded anyone who had no connections with their families. Since Marta did not possess required family connections in the area of her career interest, she moved to the U.S. to seek opportunities unavailable to her in her own country.

When Marta immigrated to this country, she obtained her first job in a Park Avenue, New York City, beauty salon. The salon advertised that it preferred to hire only immigrants who had recently moved to the U.S. The owners apparently expected that new immigrants would not yet have mastered English skills and preferred to hire people who could not communicate with their wealthy clients. Workers were instructed not to talk to customers because the owners believed that employees would steal their business. Hidden cameras were placed in the salon to ensure that no communication was taking place. If a worker spoke to a client, he or she was fired. Despite an oppressive work environment, Marta made good money at this job and learned the beauty business while working there.

Marta's Current Socioeconomic Status

Marta owns an apartment in Manhattan, New York City. She initially lived in Queens, where she resided with her family before her marriage to her first boyfriend. Her father continued to work as an engineer in the steel industry and is now retired. Marta's salon, on New York's Upper East Side, is successful. She owns the house where her parents reside and controls much of the family finances. Marta is a language broker for her family members, as neither of her parents speak English as well as she does (for an explanation on language brokering by children of immigrants, see Buriel, Perez, De Ment, Chavez, & Moran 1998). Marta negotiates her parents' interfaces with medical, financial, and social institutions in this country.

Marta does not fit many of the descriptions of the typical first generation Latina in this country. Her sense of autonomy and control over her own life seem to be directly tied to economic success. Marta seems to encounter some gender role conflicts, as described previously, that are inherent to professional Latinas. She would not date a Latino who would expect her to bear children or stay at home. She currently would not work for anyone, but has instead established her own business. She has managed to bridge two cultures and adapt herself to both worldviews in order to excel.

Marta wants her daughter to be well adapted to the U.S. and to have financial independence. For this reason, she sends her to a private school and

wishes for her daughter to obtain the best possible education, and attend a good college. Marta is seeking her Master's degree in counseling and wishes to specialize in bilingual counseling with Spanish-speaking children. Since Marta works constantly, she does not have time to maintain contact with many people outside of her immediate and extended family.

Currently, Marta has been with her boyfriend for six years, and they have not married. After two years of dating, they became comfortable enough to make family introductions. Marta stated that when family members met, there was acceptance.

The Trainee-Interviewee Relationship

My interactions with Marta brought me to a greater understanding of my own biases and have provided me with an introduction for working with future clients who are Latinos. Marta presents herself as a fully integrated, modern New Yorker. She views herself as a worldly business woman.

When I began to interview Marta, I expected to meet someone who would be full of conflicts and stories of acculturation challenges. For instance, Rosado and Elias (1993) said Latinos may be slow to warm up and reserved with unfamiliar people; they also tend to prefer firm problem-specific advice. My expectations regarding our initial interactions had been predetermined by the literature.

Therefore, I began my meeting with Marta with some assumptions and biases. Marta did not present with difficulties, but appeared to want to present herself with dignity (dignidad) and in a positive light. Marta and I viewed our initial interactions differently as we reviewed this case report together. I viewed Marta as reserved, but she felt that her willingness to conduct the interviews was an indication of her openness toward me. I assumed that she intended to focus only on the positive aspects of her life, rather than negative ones (that surely were there), and she felt that she is inherently a positive person. Upon correcting me, Marta further explained that Latinos are well known for their warmth and openness (personalismo) and that the positive, optimistic stance toward life is a cultural norm.

Another area that presented misunderstanding for us involved my initial impressions of Marta's relationship to non-Latinos as friends. As Marta had described the discrimination she encountered while first working in the beauty salon in New York City, and because she maintained few friendships because of her schedule, I had formed the impression that most of Marta's relationships to non-Latino Americans involved the exchange of money. My understanding was that she did not seem to form relationships with non-Latinos, except for her

boyfriend, because of her utilitarian and monetary associations with them. In considering my formulation, I reasoned, "How could anyone blame her?" Marta pointed out that I had come to this conclusion because of my own misconstrual that she might have been embittered by her experiences of prejudice at her first job. In retrospect, I now understand that I might have been embittered in similar circumstances because I am a White woman with many privileges who has not experienced racism. I had read extensively about power and oppression in racial identity theories in the diversity course I was taking when I interviewed Marta and in other courses as well with a social responsibility orientation. My readings had primed me for my interpretation of Marta's experiences in the U.S. as marginalizing her. Marta explained that past immigrant experiences had not affected her, and that she maintained satisfying mutual friendships with non-Latinos in New York. These differences in interpretations, depending on one's worldview, are crucial to mutual understanding and can result in hurtful consequences if not addressed within each cross-cultural relationship.

I needed to dislodge myself from my assumptions and biases in order to interact with Marta. I began approaching my sessions as someone who assumed nothing. I focused on similarities between us in order to increase my level of understanding and relating. While the focus on our similarities initially provided me with a superficial understanding of Marta's experiences, it also allowed me to build a rudimentary working alliance with her. However, denial of our differences also constituted my denial of the potential for deep understanding of Marta's worldview. As my capacity to provide Marta with individualized positive and negative feedback increased, she revealed herself more easily, and I dispelled the idea that our similarities constituted the primary cementing force in our relationship.

Eventually, I began to understand where the literature on her culture applied to her and where it did not. I recognized areas where a White American worldview had been integrated into her life and where it provided her with conflict. My understanding of her unique bicultural processes allowed me to increase my level of empathic responsiveness toward her and served to deepen our working alliance.

Marta appreciated my willingness to understand the difficulties she encountered while being an independent business woman, who was also determined to maintain intimate bonds with her family. According to Smart and Smart (1995), Anglo-American therapists tend to pathologize the Latino client's close ties with his or her family. Marta was aware of this tendency, as she had studied it in her own counseling training program. Additionally, she was interested in discussing practical solutions for negotiating between systems of both Anglo-American and Latino values. We did this frequently in the context of her rela-

tionship with her boyfriend, whose values are more Anglo-American than hers, particularly in relationship to family issues and sexuality. Marta and I discussed sex, promiscuity, love, and healthy vs. unhealthy relationships. When I answered her questions, I was mindful to avoid imposing my viewpoints on her.

Marta altered my own viewpoints even as I affected hers. When she spoke of her deep convictions, I often questioned the validity of my own values about spirituality, family, and gender roles. I was achievement-oriented throughout the interview process and she was connected to deeper philosophies of life, history, and change. I began to miss my own family with whom I had spent little time since I had entered graduate school. I became a more spiritual person. Marta and I discussed the benefits of this process for her as well as for me. For Marta, her voice was heard in its nuances.

Atkinson and his colleagues (Casas & Pytluk, 1995) have formulated a model of ethnic identity, which is called the Racial/Cultural Identity Development Model. This model appears to closely fit my understanding of Marta's identity. Marta seems to have achieved the stage called "Synergetic Articulation and Awareness." This stage suggests that individuals who report similar worldviews as Marta have resolved many of the conflicts inherent in combining two distinct worldviews. Persons in this stage do not adhere rigidly to the values of either culture, the White dominant culture or an ethnic minority culture, but have embraced values from both cultures that work for them. Individuals in this stage have a sense of self-fulfillment in respect to cultural identity and appreciate attitudes in regard to themselves and both cultures.

Conclusion

In working with Marta, an individual of Colombian descent, I found myself confronting personal biases about my interviewee and her cultural group that were compounded by additional biases that I had adopted through readings about Latinos. I discovered that any reliance on "cookbook" formulations of individuals from other cultures might be detrimental, even if the literature is culturally sensitive in itself. Much of my work with Marta revolved around dropping well-intentioned misperceptions and struggling to understand who she truly was. Marta was aware, upon reviewing earlier versions of this paper, of being "plugged into" formulations of who she most likely would be. In the end, my previous knowledge of multicultural issues surrounding Latinos had to be suspended in order for me to understand her. My most valuable efforts in the process of increasing my own competency fell within the domains of acknowledging my cultural biases without defensiveness, understanding the nature and origins of my own values, and refusing to judge the values of my interviewee. Additionally, it

was helpful for me to discard the notion that my interviewee and I could only find a level of alliance via our similarities. Ultimately, our different viewpoints transformed our relationship.

Author Note

Cheryl Wilczak is a registered Art Therapist, a Certified Child Life Specialist, and a third year doctoral student in clinical psychology at Antioch New England Graduate School. She received her master's degree at New York University and continues to practice in New York City with ethnically diverse children and adolescents, while working towards her doctorate. Her most recent interests include working with adolescent forensic populations, and New York City police officers who experienced trauma following the terrorist attacks on the World Trade Center on September 11, 2001.

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Chapter 9

A Step Toward Multicultural Competencies: Listening to Individuals With Multiple Sclerosis and Cerebral Palsy

Samantha G. Sweet and Meghan Estey

Multicultural competence is an important topic in professional psychology. Many professionals agree the best way to gain understanding and cultural skills to work with people who are from other cultures is through direct interactions with them (see Roysircar, Sandhu, & Bibbins, 2003). In an effort to gain understanding of what it means to have a physical disability, one psychology trainee (Samantha Sweet) had conversations with Jon, a 30-year-old man who has been coping with multiple sclerosis (MS) for 7 years. Another psychology trainee (Meghan Estey) had meetings with James, who has had cerebral palsy (CP) since birth; this trainee focused on her personal experiences and growth that occurred through interactions with him. The trainees refer to their interviewees' themes of being misunderstood, coping with a disability, and adapting to various aspects of their lives. By integrating the stories of Jon and James with their respective knowledge of MS and CP, and by monitoring their responsiveness to disability concerns, the trainees have taken steps toward becoming multiculturally competent counselors.

Physical Disabilities: A Multicultural Issue

Physical disabilities affect scores of people in America. Recent estimates suggest 400,000 adults are afflicted with Cerebral Palsy (Nochajski, 2000, p.16). Multiple Sclerosis is a neurological disease that affects over a third of a million people in the United States (National Multiple Sclerosis Society [NMSS], n.d.b). Due to the high prevalence of physical disabilities, mental health professionals are likely to have professional interactions with this population.

Therefore, it is imperative that mental health professionals gain a greater understanding of what it means to work with people who have physical disabilities.

Cooperative Project With Two Males With Different Physical Disabilities

This chapter examines the results of a semester long, cooperative project required for a graduate course in Human Diversity and the Clinical Enterprise. This project is composed of multiple components intended to increase the students' multicultural competence as therapist trainees. This project is not designed to be therapeutic, but informative and empowering for both the student and the minority interviewee. Following 10 one-hour meetings with an individual of a culture different than one's own (different cultures consisted of varying age groups, sexual orientations, ethnicity, race, religion, and ability/disability), students formulate a case conceptualization based on the meetings. Information for the case conceptualization is gained through process notes the students write following each informal meeting, with a specific focus on the students' personal reactions to the interactions based on his or her worldview. The case conceptualizations presented here include a brief history; knowledge about the disability presented; a brief assessment including a test of cultural adjustment, a projective measure, and a measure of alliance; and critical incidents in the interactions.

Although there are numerous types of physical disabilities, this chapter is limited to the examination of the case of a man with Multiple Sclerosis (MS), and the case of a man with Cerebral Palsy (CP). The first case example explores the experiences of Jon, a 30 year-old man who has been coping with MS for almost 7 years. The second case study looks at James, a 24 year-old man, who was born with CP.

Multiple Sclerosis: The Case of Jon

Multicultural competence is gained through face-to-face work with clients who are culturally different from oneself. In sitting with a person of a different race, ethnicity, gender, class, or ability/disability, a competent counselor applies what he or she has researched to each unique situation, and allows the story of the individual to mold one's prior knowledge. Over the course of 10 sessions, I applied my previous knowledge of MS to my interviewee, Jon, and allowed him to teach me what books could not.

Brief History

In June 1995, Jon received a diagnosis of MS. The diagnosis answered

some of the questions Jon had about his sudden fatigue and muscle spasms, but it posed new questions for his life. He wondered what his life would be like 1 year, 5 years, and if he was still alive, 20 years down the road. Over the past 6 years, Jon accepted his diagnosis, but to this day he only shares it with people he trusts. It was an exciting experience to know that Jon trusted me enough to share his many life stories.

Starting with the first interview, Jon was open and candid in expressing his emotions and speaking about his experiences with his disease. This was partly due to the fact that I had met Jon in our community a few months ago, and since then we developed a good friendship. His honesty emerged in our first meeting when he provided me with a recount of the past 25 years of his life. He spoke of how his father emotionally and physically abused him on a regular basis and how his family felt helpless. He described his family as quite poor, lacking the resources to stop the abuse.

Jon received intermittent counseling for his MS and consequent depression. When I described the cooperative interactional project for my course work, Jon thought it would be a great opportunity to work through his problems. I quickly reminded him this was not to be a therapy situation. He understood, and over the course of the sessions, he shared with me as many life experiences as I did with him. We were mutually disclosing and conversational.

Specifically, Jon recounted how he needed to adapt to his disease in all aspects of life. We conversed about his car and how he needed to have extra features installed to accommodate his disability. It upsets him that he has to pay extra money to do the things most people do without spending extra money, such as changing the radio station. He also needs to park in handicap spots or spots close to doors of places he goes because he is unable to walk long distances. What seem like minor accommodations to the common person are real life dilemmas for Jon.

Despite the obstacles Jon faces each day, he presented himself in an optimistic manner. While a confident individual, Jon harbors concerns about his future. Jon told me that his MS is an unpredictable disease and this uncertainty is like a rain cloud always floating over his head. He admitted that the uncertainty is the one thing that really triggers his depression, and this uncertainty consumes his thoughts.

Knowledge of Multiple Sclerosis

What is Multiple Sclerosis?

Epidemiology. Multiple sclerosis is a neurological disease that affects over a third of a million people in the United States. (NMSS, n.d.b). It is twice

as common in women as it is in men, and onset usually occurs between ages 20 and 50. It is more commonly diagnosed in Caucasians, especially those of northern European ancestry. Jon is Caucasian, and of northern European descent, but he is unique in that he is one of few males affected by MS.

Symptoms. The symptoms of MS are highly variable and depend on the areas of the central nervous system that are affected (NMSS,n.d.f). The specific symptoms Jon says he suffers from are fatigue, tingling, numbness, painful sensations, muscle weakness, impaired balance, spasticity, and moderate mood swings.

Etiology. Although the cause of MS is unknown, there are multiple hypotheses as to what causes the disease. It is generally accepted that this is an abnormal immune response directed against the central nervous system (CNS). When the myelin (a fatty sheath around the nerve fibers) is destroyed, nerve impulses are slowed or stopped and this produces the symptoms of MS. Some data suggest that exposure before puberty to some environmental agent to which a person is genetically sensitive may predispose a person to develop MS later in life. This contact may trigger the autoimmune response that attacks the CNS (NMSS, n.d.c). Jon did not recall any toxic agents he was exposed to as a child, but he believes his physical and emotional abuse were sufficient agents to predispose him to develop this disease.

Courses of the disease. There are four courses MS can take. Jon has a type known as relapsing-remitting. This is the most common form of MS, characterized by partial or total recovery after attacks (NMSS, n.d.e).

Available Treatments

Pharmacotherapy. Many drugs, including Avonex, Betaseron, Copaxone, and Rebif are available for individuals with the relapsing-remitting form of MS. These drugs help to lessen the frequency and severity of the attacks, reduce the accumulation of lesions in the brain, slow the progression of disability, and decrease cognitive dysfunction. Jon is currently taking two of these drugs.

Other treatments. Pain is something Jon deals with everyday. He has many of the muscular symptoms of the disease and as a result copes with chronic pain. Anti-inflammatory agents are prescribed for this type of pain as well as exercise, and balancing water intake with sodium and potassium intake (NMSS, n.d.d). Other treatments include heat, massage, ultrasound, and physical therapy.

Affect

Physical pain is not the only type of pain suffered by people with MS. Affective distress may also manifest from intense emotions about the diagnosis. Fear and worry are common and can often be treated with medication in con-

junction with alternative therapies such as biofeedback, hypnosis, yoga, meditation, or acupuncture. Self-help is also important because people who can remain active and maintain a positive attitude are often able to reduce the impact of pain on the quality of their lives (NMSS, n.d.d).

According to Schwid, Weinstein, Wishart, and Schiffer (2000), "the lifetime incidence of major depression in MS patients is as high as 60%" (p.258). The prevalence of depression is greater in MS patients than it is in any other comparable disability. The source of depression may be psychosocial in origin and include loss of social support, loss of social role functioning, and inadequate coping. It could also be caused by the immune dysregulation of MS, or it could be an iatrogenic effect of the drugs used to treat MS (Mohr, Boudewyn, Goodkin, Bostrom, & Epstein, 2001). Depression has a great impact on a person's perceived quality of life, including perceived support, self-esteem, and locus of control over health. Depression may also affect quality of life by intensifying the symptoms of MS, such as fatigue, impaired memory, and difficulty concentrating.

Proper treatment of major depression may significantly improve the quality of life in patients with MS (Wang, Reimer, Metz, & Patten, 2000). Treatments such as individual cognitive-behavioral therapy (CBT), group therapy, and family therapy can be effective in treating depression in MS patients. Psychopharmacological treatments such as Desipramine and low-dose Amitriptyline are also effective (Schwid et al., 2000).

Assessment

To gain confirming evidence of my understanding of Jon's issues, an assessment of Jon's needs and goals and his work alliance with me was considered appropriate.

Rotter Incomplete Sentence Blank (RISB)

Quantitatively, Jon scored a 146 on the RISB (Rotter, Lah, & Rafferty, 1992), only one point higher than the benchmark of 145 for maladjustment in terms of emotions, frustrations, activity, and personal relationships. This one point difference was probably not significant enough to label him maladjusted, but qualitative analysis of his responses on the RISB revealed some recurrent themes.

The first theme was of a poor home-life and paternal maltreatment of women and children. This theme was consistent with stories Jon told me about his childhood and how he suffered from physical and emotional abuse at the hands of his father. Sentences such as "I never really had a home," "when I was a child it sucked," "men treat women and children awfully," and "my father phys-

ically and emotionally abused me" are representative of the feelings Jon holds toward his father for his constant abuse.

A negative theme of being misunderstood is also apparent in the preceding sentences. In our meetings, Jon talked about past relationships and how his former girlfriends presumed to know him, but none of them could see beyond his job, his family, or his diagnosis. On the RISB, Jon completed the prefixes "What pains me" and "I hate" with being misunderstood. Clearly it is important to Jon to have meaningful relationships as opposed to superficial ones, and at the end of our sessions together, he said that I was really beginning to understand him.

Themes of disability and solitude were also revealed in the qualitative analysis of his RISB responses. It was not surprising that Jon completed sentences regarding the uncertainty about his illness. He mentioned little asides in our conversations about how he would not necessarily be around to see me get married or to get married himself. He also wrote two sentences about how he worries about and fears being alone. When I asked him about this, he said his childhood was empty and lonely. He does not want that for his future or the future of his family.

Conversely, Jon wrote many positive statements on the RISB. In our conversations, Jon had said that he was very content with his job and girlfriend, and he displayed an optimistic attitude in our meetings. These feelings were reflected in multiple sentences about a bright future, long-standing happiness, and success.

Working Alliance Inventory (WAI)

As measured by the WAI (Tracey & Kokotowitc, 1989), the difference score between Jon's and my evaluation of our relationship was very low, a difference of 3 points. This score indicates a strong alliance. There was greatest agreement about issues concerning my appreciation of Jon's needs and goals in our interactions and our mutual trust. The most notable difference was that he had few doubts about what we were trying to accomplish in our conversations, whereas I sometimes had doubts. I was most curious about what we were trying to accomplish when Jon and I were having trouble engaging in a dialogue that did not revolve around his MS. For a couple of meetings I felt like someone had stolen my proclivity for normal conversation. When I realized that our conversations did not have to be about Jon's experience of his MS, our meetings flowed much more smoothly. Overall, I believe our respective work alliance responses were an accurate assessment of our relationship, as we both appeared to enjoy each meeting despite the often emotionally charged atmosphere.

The important information gleaned from this assessment is that there

are other tools that may have been more appropriate in assessing Jon's adaptation to his disability. The Multiple Sclerosis Impact Scale-29 (MSIS-29) was recently developed using information from patient interviews, expert opinions, and a literature review. It is a measure of the physical and psychological impact of multiple sclerosis from the patient's perspective. Although more studies are needed to validate MSIS-29, the initial results of Cronbach's alpha and test-retest reliability for the instrument development sample were .87 and greater for both the physical and psychological scales. It also shows good convergent and discriminant validity with measures such as the Short Form Health Survey (SF-36) and General Health Questionnaire (GHQ-12) (Hobart, Lamping, Fitzpatrick, Riazi, & Thompson, 2001).

Critical Incidents

The first critical incident happened in my first session with Jon. He opened up to me about his childhood, the abuse he endured, and how his eventual diagnosis was regarded within his family. It was as though Jon's grieving process began again during this session. According to the National MS Society, it is essential for people with MS to mourn their losses, and their adjustment is an ongoing process (NMSS, n.d.a). I feared this first session would set the tone for the rest of our interactions, and if it had, our relationship would have been much different than what was indicated by the results of the WAI. I would have been uncomfortable listening to his stories of abuse, and with knowing that he did not want me to acknowledge the abuse in our social interactions outside the course project. I believe this incident was critical in setting boundaries about what was appropriate to talk about, and what issues bordered on therapy. Had I listened to endless stories about his abuse, I would have felt the need to engage in our relationship in a very different manner. Rather than a conversational process, I would have switched into a more therapy-oriented framework. Although still focused heavily on Jon's experiences, the meetings that followed were less issue intense and were composed of a give-and-take interaction.

Another critical incident revolved around the term "handicap." Jon does not like people to know he has MS, and he often makes excuses when people ask him why he limps. This form of denial might be considered a positive emotion-focused coping strategy because it does not interfere with his treatment and self-care (NMSS, n.d.a). As a result of the weakness in his legs, Jon needs to park close to wherever he has to be. Handicap parking in Jon's town is limited, however, and I wanted to propose to him that we advocate for more handicap spaces. I was able to hold back my suggestion, and I believe I made the right choice because I could have upset Jon. I did not want to save or rescue him. My restraint

showed me that I was able to set boundaries and be sensitive to the needs and desires of my multicultural client.

Jon's depression played a role in our final critical incident. Halfway through our meetings I found Jon resistant to scheduling and engaging in conversation. At the time I was frustrated and imagined there would be no more progress (later I found out he was feeling depressed). I was furious with myself for getting upset by this situation because it meant to me that I had become overinvested with my interviewee, and I did this because he had a disability. In prior work that I have done with children in camps and hospitals, I always found myself spending more time with the children who were sick and less time with the children who were relatively healthy. I did not want to repeat this pattern with Jon, or continue it in my professional career. I learned from the reaction that I need to partition my time equally among my clients regardless of whether they are similar or dissimilar to me.

In working with a person with a disability I was well aware of his physical differences and found myself wanting to help him with things he did not really need help with, such as advocating for parking spaces. To understand the other aspects of Jon's disease, including the physical and psychological implications, I did extra research (see Mohr et al., 2001; NMSS n.d.a; Schwid et al., 2000; Wang et al., 2000). In this research, I learned that the less obvious things Jon deals with include depression, pain, and uncertainty about the course of his illness. Many of our sessions revolved around these issues. I am glad we focused on psychological issues because these taught me how similar Jon is to the White majority population, and yet how different he is as well. I believe that one's differentiation from others and integration with others, that is, one's personal identity versus social identity, is the most important construct to keep in mind when working with multicultural clients.

Cerebral Palsy: The Case of James

As a psychologist I will be expected to work with people who are different from me. This may be a challenging task. One must investigate what will help the client the most and examine one's own biases as well. Everyone has biases. People need to explore their biases to come to a greater understanding of themselves. This is one way that psychologists can better serve a client. I was able to go through this learning process by working with James, who has cerebral palsy. Through my interactions with James I acquired knowledge that I could not have obtained from traditional educational methods.

Brief History

James is a 24-year-old, White, Roman Catholic college student with spastic diplegia cerebral palsy. James was born 3 months premature and was not breathing at birth. Doctors did not believe that James would survive. Therefore, they did not provide him with oxygen for the first few minutes of his life. James survived and spent 3 months in an incubator at a specialty hospital. James had three surgeries before the age of 10, two of which involved breaking and resetting bones in his legs. One of these surgeries resulted in James being in a half-body cast for 3 months. James recalled this time as extremely painful physically and emotionally, due to muscle spasms, lack of sleep, and immobility. During most of his childhood, James attended physical therapy, which also was distressing. James was unable to participate in school most of the time because of the surgeries. He obtained his early education mostly through tutors. James recalled being lonely and not having many friends when he was able to attend elementary school. James was given his first set of crutches, which he calls "sticks," when he was 8 years old. Before this he had used strollers or a wheelchair. At this time James most often uses his sticks, but sometimes he will use a wheel chair because walking is a strenuous activity for him. James' parents divorced when he was 19 years old; he now resides with his father, with whom he has a close relationship. James explained that depression tends to run in his family. He has been diagnosed as having depression and has attempted suicide twice in the past. James has received psychotherapy and feels that his depression is under control at the moment.

James' Description of his Disability Status

James attributes his cerebral palsy to three factors. First, his mother smoked cigarettes when she was pregnant. Second, James's mother was stressed during the pregnancy because her father was aging and ill, and she went into labor soon after she found out that her father had passed away. Third, he did not receive oxygen for the first minutes of his life. James stated that he has come to some level of acceptance about his disability, but does not feel that he will ever completely accept it. However, if he was granted the ability to walk tomorrow, he did not think that he would like it because it would change the person that he is today. Yet, James stated that he feels out of place 90 percent of the time and feels he has no chance of ever living a normal life.

James does not feel as though he belongs to any group and believes that he is an outsider. He has divided society into two groups: the able-bodied and the disabled. James states that he does not belong to the disabled group because he is self-sufficient, to the point where he will barely ask for help. He does not belong to the able-bodied group because he has to have the assistance of his

sticks to move around. He becomes annoyed when others try to help him and he has not asked for their help. He feels these people are treating him like a child, and he wants others to treat him as though he is an able-bodied person. However, he does not explain to others that their actions are degrading because he feels that society's behaviors towards those with disabilities will never change.

James often worries about the future. He is afraid that since he is not able-bodied, he will never find a woman who will want to marry him. He is concerned about his financial future because treatment of his disability is expensive. For example, he will need to have shoulder surgery soon due to abnormal wear and tear of his muscles and joints. He has chosen a career within occupational therapy so that he can have financial means and help others with disabilities be more comfortable within the working world. James is also worried about how his body will hold up as he ages. At the moment, he is often in pain and feels as though his body has aged beyond what is normal.

Knowledge of Cerebral Palsy

Cerebral Palsy (CP) is a neurological disorder that affects a person's movements and posture. In some cases, it also affects an individual's sight, hearing, speech, and intelligence levels (Ratey et al., 2000). "Mental retardation is found in 50% to 75% of cases of cerebral palsy. Learning disabilities and frequent social, emotional, and interfamilial problems may be present" (Ratey et al., p. 257). Recent estimates suggest that over 400,000 adults in America have CP (Nochajski, 2000).

The four main categorizations of CP (spasticity, athetosis or dystonia, ataxia, and mixed types) are classified by the location of the neurological damage, the severity of damage, the number of limbs involved, and the types of movement that are affected (Ratey et al., 2000). The following section of this chapter focuses on spasticity, specifically diplegia, since this is the type of CP that affects James. Spasticity occurs when the frontal lobe and pyramidal tract in the brain have been damaged. This affects the ability of a person's voluntary movement. There are two types of spasticity: diplegia and hemiplegia. Spastic diplegia is the most common type of CP and results in disability in the limbs, with the legs more severely impacted. With spastic diplegia, the person's muscles are abnormally stiff and resistant, which causes complications with locomotor development (Ratey et al.).

There is current controversy around the causation of CP. Some researchers believe that it could be caused by multiple factors such as lack of oxygen, low birth weight, premature birth, chromosomal abnormities, or a mother's illness during pregnancy. Recently a study was conducted which suggests

that CP results from brain damage that occurs at least two weeks before birth (Ratey et al.). At the moment it appears that many cases of CP are unique in causation and physical and emotional effects.

Cerebral Palsy and Therapy

There is no cure for CP, only ways to help enhance a person's life. As a person ages the effects of CP can become more severe; therefore treatment needs to adapt constantly to the disability (Nochajski, 2000). Treatment can include physical therapy, speech therapy, orthopedic therapy, surgery, medication, and psychotherapy. All of these methods can help a person become more independent and live a more fulfilling life.

Psychotherapy is a component of treatment that is easily forgotten, since families focus on the physical rather than the emotional aspects of CP. Therapy can help an individual or family to cope with this disease. One especially useful tool is Cognitive-Behavioral Therapy (CBT) because it is effective in helping individuals with CP find coping strategies for pain. People with CP often have pain in their muscles and joints, which could be due to the fact that movement requires more energy, or that there is abnormal wear and tear on joints and muscles. Research found that "67% of 93 adults with CP surveyed reported one or more areas of pain for a minimum of 3 months duration, and about half (53%) reported that their average pain was of moderate to severe pain intensity" (Engel, Schwartz, Jensen, & Johnson, 2000, p. 225). Recent research has shown that pain seems to increase as people with CP age, but that due to medical advances, the life expectancy of people with CP is increasing (Nochajski, 2000). This means that the future may hold an even greater demand for CBT for pain management.

A therapist, as an advocate, can assist the individual and family in finding resources they need and desire. Families may want services that empower them to make informed decisions, are responsive to the needs of every family member, and are flexible enough to accommodate unique needs (Freedman & Capobianco-Boyer, 2000). There are no therapeutic methods developed specifically for people with CP. This may be due to the fact that this disability is diverse in its effects. For that reason, more research must be done in the therepy area for the benefit of individuals with CP and their families.

Disabilities Portrayed in the Media

Society believes that difference is a negative attribute. Because of this, we use difference as entertainment. Others stare at people who are diverse, not realizing it this is awkward and intrusive for the other person. Society has created this situation. Television and motion pictures have used characters with disabilities to make us cry and laugh. From an early age, children are taught that it

is socially acceptable to make fun of others with disabilities; examples of this are two famous cartoon characters: Porky Pig, who stutters, and Elmer Fudd, who is speech-impaired (Longmore, 1987).

Movies depict people with disabilities as being completely different from the normal population. The disabled are often portrayed as bitter, self-pitying, and dependent because they have not accepted themselves or adjusted to their disability (Longmore, 1987). These characters often are mean and degrading to others; that is, until the day when a nondisabled person is able to get the disabled person to see the light of acceptance. This suggests that disabled people can only find acceptance through the help of others and that without nondisabled people, they would be unhappy. All of this implies that disabled people do not have the ability to make themselves happy or have any type of insight. This perception is extremely degrading.

Often society's impact on those who are diverse is forgotten. One famous movie that depicts a person with CP is *My Left Foot* (Pearson & Sheridan, 1989). This is the true story of a man, Christy Brown, and how he dealt with his CP. While the movie did show how he was originally not fully accepted by his father, the rest of society accepted Christy. Even Christy's father accepted him once he proved that he was intelligent. This movie depicted Christy as a person who was depressed, angry, and dependent on others, until a teacher came into his life and made a difference. This is an example of the disabled person reaching a level of acceptance due to the efforts of an able-bodied person. It is the traditional portrayal by the media of those with disabilities. Many of society's stereotypes come from the media. Until the media change how they portray people with disabilities, society may continue to have a specific image of those with disabilities. This makes it very hard for those with disabilities to adjust to a culture that has a set view of how they are supposed to look, think, and act.

Assessment

During the interview process, James filled out two instruments on adjustment. These were given to understand his adjustment to the dominant White, able-bodied culture in the United States. Results of both instruments showed that James has had difficulties with his adjustment into the dominant culture.

The Cultural Adjustment Difficulties Checklist (CADC)

The CADC (Sodowsky & Lai, 1997) was adjusted specifically to assess James; therefore James answered the questions to reflect his feeling about his adjustment as a person with CP. James's mean score for the CADC was 3.58; the average score for US-born ethic minorities is 2.40 with a standard deviation of

0.72 (Roysircar, personal communication, April 17, 2002). While James's score was well above the average, the test's validity was compromised in my use of it because the test was not standardized on people with CP.

The Rotter Incomplete Sentence Blank (RISB)

James also scored high on RISB (Rotter et al., 1992). His score was 157; a score over "145 indicates maladjustment in terms of emotions, frustrations, activity, and personal relationships" (Roysircar, personal communication, April 17, 2002). An example of this maladjustment was indicated when he filled in a blank: "I feel alone" to the stem "In school." James's negative outlook on life and his depression are possibly related to his maladjustment, as indicated by the RISB results.

Working Alliance Inventory

The WAI was used to evaluate how both James and I perceived our communications. The wording was modified to more directly apply to someone with CP. Results showed that we were both happy with the process and felt as though we worked well together.

Critical Incidents

Most of the meetings focused on James's CP. On multiple occasions we talked about experiences and feelings that we had in common, yet this was more infrequent than the focus on our differences. When we did talk about things other than CP, I often forgot that James was different. It is advantageous to think of James simply as a person, not as a person with a disability; yet it is dangerous to forget something so important because this is a part of him. If James were a person from a different race, I would be marginalizing him by not taking his race as a part of him. This does not mean that one should always focus on differences; but differences should always be a part of the equation.

James and I came into the process without knowing what to expect from each other. He was looking for direction about where to begin and what the process would be. On the other hand, I was looking for knowledge about CP. Unfortunately, I knew very little about CP and soon found out that James did not know much about it either. This was both interesting and frustrating for me. I could not understand why he did not know more about this disability that affected every aspect of his life. I was imposing my expectations on James by wanting him to know everything about CP. If I had a disability or an illness, I would acquire all the knowledge that I could about it. James did not fit into my idea of how much knowledge he should have, and this is what upset me. I had to realize

that James has his own threshold for knowledge and I was not to impose on him my educational expectations for myself.

Throughout the interview process we talked about how James does not like the way others treat him, but he appears to be unwilling to do anything about it. I became angry with others for the way they treat him and frustrated with James for not taking action. This was a rough point in our meetings and the conversation became strained for a while. As we continued to talk about this, I began to have a greater understanding of his position. I had not previously realized how hard it is for James to stand up against the people and culture oppressing him. I also had to acknowledge and accept that this was not my battle because James did not want anything done. This is not to say that I should not try to have an impact on others, but that I should not fight James's battle for him.

James also realized through this process that he had biases towards others because he thinks that others are biased against him. I become aware that there is a cycle of prejudice. A person is biased against people who are different because of a fear of diversity and the expectation that others will be prejudiced against him or her if he or she were different. The cycle does not appear to end unless one person allows him or herself to be vulnerable to another. This will be a very helpful insight as I continue my career.

Overall, I learned a lot about James, CP, societel oppression, and myself through this process. I do not think that I could have learned so much about myself without the help of an outside force, James, pushing me by asking questions and allowing me into his world. This activity proved to me that differences can be a positive characteristic and something to be proud of. James and I learned how to accept and appreciate our differences while still embracing our similarities. I believe that difference and the unknown are scary to most people. Society deals with diversity by casting out those that are dissimilar. In reality, we are all different and can learn a lot from others, and about them and ourselves. As a therapist, I need to embrace others' differences and learn what I can from them without expecting them to educate me.

Future Research: Multicultural Competence and Disability

The following information was obtained by consulting with a person who has a disability and who critiqued this chapter (L. Polakov, personal communication, February 18, 2003). Ms. Polakov said: It is necessary to distinguish whether the client has a disability or a disease or both. This will help to determine what types of interventions are most appropriate. I have had cerebral palsy all my life. A diagnosis of cerebral palsy is more stationary or stable than the diagnoses of most diseases, as put forth by the DSM-IV R. So multicultural knowledge is needed on the differential effect of a disability versus that of a men-

tal disorder. The effects of my disability are as follows. One of the best ways for me to feel that I have a chance at a "normal" life is to minimize my disability. It is difficult to be on the front lines of any battle with systems of power and not feel estranged from those in the majority who are granted advantages and secure conditions by such systems. The more energy I put into disability causes, the less I have to build a career, a family, or even a strong body. It is hard to find a balance between fighting and just living, especially if there are roadblocks that make just living more difficult. For example, if it takes me an extra year to get a job that will accommodate me or to which I can gain access, I, then, have to believe that instead of me, an able-bodied person with high status within academia might have the energy left to do research on cerebral palsy. With long-term disability, there comes a point where you have to settle for what you have to some degree. It will never go completely away. I went to a small liberal arts college in New England in the 80's. I had to crawl up stone steps to get to class. I didn't have time to fight for railings because I just wanted to go to class. I also did not to want to be thought of as a disabled person with a "mental disorder."

Ms. Polakov (personal communication) said that it is always important to understand how health problems affect one's biopsychosocial states. A disabled person may be depressed because he or she is unhappy about societal circumstances, but also because his or her body may not be making the right amount of neurotransmitters. People with congenital disabilities spend their whole lives in a compromised state; this frame of reference is very different from someone who has acquired a disease in the course of one's life. This form of existence is similar to that of people who are racial minorities. Even if all people were of the same skin color tomorrow, those who grew up Black would always have the impact of racism on the inside. Discrimination within the external world does not stop on the outside. How one's sensory abilities respond have an impact on one's health, biochemicals, stress threshold, and one's psyche. This biopsychosocial hypothesis needs investigation to develop new research procedures and knowledge about disability.

Conclusion

In examining these cases, common themes emerge. One theme involves delineating boundaries. Specifically, Jon and James were very sensitive about asking for and receiving help. Therefore, the authors had to decipher when it was best to restrain themselves from offering assistance, and when it was appropriate to offer help. Another common theme deals with being disabled, rather than able-bodied. Despite their physical disabilities, both men feel they are able to function in the world as able-bodied persons, and resent the label "disabled." Due to soci-

etal denigration of people with disabilities, each man thinks it is best to discuss his disability only with people whom he trusts. Jon and James both stated that sharing their experiences with the authors was a positive experience, and that by not sharing their stories with other people, their opportunities to be accepted by society may by limited.

Authors' Notes

Samantha Sweet is a second year doctoral student in clinical psychology at Antioch New England Graduate School. She received her Bachelors of Science degree in Psychology-Child Life from Utica College of Syracuse University in May of 2000. Her interests lie in the areas of pediatric psychology and psychological assessment. Following completion of her training program and reception of her doctoral degree, Samantha hopes to work in a children's hospital with a focus on oncology and acute care services.

Meghan Estey received her B.A. in psychology in 2001 from Keene State College, New Hampshire. At Keene State she was accepted into Psi Chi and graduated Magna Cum Laude. Meghan is currently attending Antioch New England Graduate School in the clinical psychology doctoral program where she is in her second year. She plans to work with an acute psychiatric population upon completion of her degree.

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Chapter 10

Multicultural Interactions With Jewish American Adolescents

Beth DeFrino

As a first-year doctoral student in clinical psychology, I had the opportunity to engage in live interaction projects with 2 Jewish American adolescents in my community. The projects were part of my diversity training in order to help me, as a Roman Catholic, Italian American woman, know the experience of individuals in my community who belong to a minority group. Over the course of a semester, I met with Kelly and David and experienced the realization that their identities as members of a religious minority caused them to know first-hand what it feels like to be prejudged. I also came to realize that this identity does not afford them the many privileges that I enjoy as a member of a religious majority group in the same community. After the last project concluded, I reflected on my experience and hoped that I had been able to empathically hear Kelly and David's stories and value the discipline and compassion upheld by their Jewish religion. However, I realized that I would never be able to fully understand what it is like to walk in Kelly or David's shoes and know first-hand their experience of lacking certain privileges, while adaptively coping and concentrating on opportunities.

A Project of Mutual Dialogue With Individuals in the Community

The following case is the result of a project I engaged in as part of a diversity course required for doctoral training in clinical psychology. The purpose of the multicultural interaction project was for students to understand and affirm culturally different individuals' societies and worldviews. The one-to-one interactions with ethnic minority individuals living in my community were also intended to broaden my awareness of how my worldview interacted with that of the minority individuals. My role was not a therapeutic one, but one of a trainee-

learning through mutual dialogue. I benefited from the experience by focusing on empathic listening, cultural sensitivity, and cultural self-awareness. The minority individuals benefited from experiencing shared social activities, recognition, and affirmation with an interested community member who believes in empowerment and social justice. At the end of each session, as a Catholic Italian American who subscribes to certain values, I reflected in process notes my personal reactions to the culturally different individuals' stories. This allowed me to distinguish between my affective reactions to the interviewees and the interviewees' expressed feelings and thoughts, which further benefited me in my developing multicultural awareness.

I shared in the experiences of two young Jewish Americans growing up in a town where the majority culture is Catholic, and learned what it means to them to be Jewish American adolescents. The activities we engaged in together ranged from cooking traditional Jewish foods to attending Hebrew school.

Biographical Sketches of Kelly and David

Kelly and David are siblings who live with their Jewish American mother and their mother's boyfriend in a middle-class home in a small town in Massachusetts. Their father is a non-practicing Christian who lives in the same town. Kelly and David's parents divorced 6 years ago and share custody of the two children. Typically, the children stay with their mother during the week and with their father every other weekend.

Kelly is 12 years old and in the sixth grade at the local public middle school. She is an active and busy preteen, attending Hebrew school after school two days a week, as well as every Saturday morning. She also takes part in various extracurricular activities such as piano lessons, and basketball practices and games, which her father coaches.

David is 15 years old and attends an all-boys Catholic high school in the neighboring city. Like his sister, David's days are busy with attending school, completing his homework, and participating in extra-curricular activities. However, since David made his Bar Mitzvah a few years ago, he no longer attends Hebrew school.

Kelly and David's Jewish Cultural Identity

One of the first things that Kelly and David clarified for me was the heterogeneous nature of Jewish people. It was obvious from their mannerisms that Kelly and David were not what I had previously understood to be "devout" members of Judaism. They enlightened me that the strictest adherents to Judaism are known as Orthodox Jews. Orthodox Jews strictly abide by the many rules they believe came straight from God and were eventually written down in a book

called the Talmud. Non-Orthodox Jews do not strictly adhere to all of the rules of the Talmud, as they believe the book to be a human creation, which weakens its authority. Kelly and David are non-Orthodox Jews, a category further stratified into Conservative and Reform Jews. Both Conservative and Reform Jews de-emphasize some of the rituals of Judaism, as they do not believe those rituals have significance for them in current times. Reform Jews differ from Conservative Jews in that they do not consider the Talmud to be as much of an authority as the Torah, or Jewish Bible, and do not follow as many of Judaism's traditional customs. Kelly and David characterized their temple as somewhere between Conservative and Reform Judaism, but they did not label themselves in either term. As a non-Orthodox Jew, David chooses not to wear a yarmulke, which is a circular cap worn as a sign of respect to God. The family does not refrain from work on the Sabbath, and they do not strictly eat kosher foods, as do Orthodox Jews (see Langman, 1990). Kelly and David each explained that their identification with the Jewish culture places less emphasis on adherence to "rules" of the traditional religion and more emphasis on cultural practices, such as mastery of the Hebrew language and participation in the Jewish community.

Although I knew previously that the Jewish religion and culture is in the minority, I had not realized just how much of a minority it is. Jews compromise only 0.3 % of the world's population (Richards & Bergin, 2000). In addition, the members of this minority group are scattered around the world; emigration in different directions contributes to their heterogeneous identity (Miller & Lovinger, 2000). As Langman (1990) states,

> Jews in China look Chinese, Jews in India look Indian and Jews in Ethiopia look Ethiopian. Jews and Jewish culture are influenced by the cultures in which they live. Thus, there is no such thing as Jewish culture, but rather a multitude of Jewish cultures. (p. 648)

I learned from Kelly and David what it means for them to be Jewish Americans in today's U.S. Specifically, it means that they attend Hebrew classes and learn how to speak, read, and write that language from age 6 until age 13, when they have their Bar (for a male) or Bas (for a female) Mitzvah. The Bar/Bas Mitzvot ceremony displays the adolescent's hard work and mastery of the traditional language, while officially marking the adolescent's entry into adulthood. I surmised that the process of mastering Hebrew for his Bar Mitzvah helped David develop his discipline and maturity. Kelly is still in the process of preparing for her Bas Mitzvah ceremony, which will take place in the spring of 2003.

On another level, being Jewish American means that Kelly and David do not celebrate the Jewish holidays of Rosh Hashanah and Yom Kippur at their synagogue, but rather are obliged to go to school. Until I met Kelly and David, I had not fully realized that in the U.S., Kelly and David's cultural and religious

holidays are regarded as less significant than, or even inferior to, the Christian majority's holidays. In other words, because the Jewish religion is one that a minority of individuals subscribes to, it is expected that it will yield to the majority culture. I learned of an example of this when Kelly discussed how her temple was considering putting up a Christmas tree in the lobby of the building. The idea of the display upset her because she did not feel that it was appropriate or necessary.

The Case of Kelly

Overall, I would classify Kelly's behaviors as those of a well-adjusted, happy, fun-loving, eager preadolescent, who immensely enjoys interacting with those she trusts and likes. On the whole, she likes most of the activities of her daily life and is able to adaptively bear those activities she finds less enjoyable, like practicing Hebrew grammar rules. Kelly always has a smile to offer, and once she feels comfortable, she readily shares her thoughts, beliefs, opinions and questions with others, which helps her initiate new relationships.

Kelly's lighter side gave our interactions an intimate and informal feel. Our gentle chiding of one another increased our mutual sense of rapport. In short, Kelly was a joy to interact with who made me laugh by never being too shy to tell me exactly how she saw something.

Although Kelly understood that our interaction projects were, in part, for the purpose of increasing my understanding of her Jewish culture and religion, she sometimes seemed confused about my interest in her heritage and its impact on her identity. In her opinion, there were more interesting things to talk about than kosher foods or the meanings of specific Hebrew words. Kelly is a storyteller and often began our interactions by delving into a tale concerning the school day's happenings, like how she broke her friend's pen or how she got to hold one of her teacher's new puppies. I believe that although she agreeably answered my questions concerning specific religious aspects of her life, such as attending Hebrew school, she would have been just as happy talking about any other topic. This probably contributed to her puzzlement about why I was interested in her thoughts about what she termed "boring old Hebrew school," and why I wanted to continue the discussion that began during one Hebrew school class, which I had observed, concerning the Israelis, the Palestinians, and the Holy Land. Yet, paradoxically, Kelly was a catalyst for a poignant discussion of the Jewish minority experience in New England and a proud teacher of Jewish cuisine, both discussed later.

The Case of David

While interacting with David I could feel his patience and good will. Originally, I had planned to work on the cultural interactions project solely with him. However, when his sister expressed an interest in participating, he called me and asked if it would be all right for her to participate as well. This is just one example of his acceptance of others and his willingness to heed others' requests. David is a mature adolescent, who easily engaged in and benefited from conversations regarding the current state of the Israelis, as well as his own experiences as a Jewish American. While amicable and polite, he felt comfortable enough to disagree with his sister and me or to bring up his own views.

David's maturity and discipline were evident in his decision about how to best use the monetary gifts he received at his Bar Mitzvah ceremony. David's middle school teacher takes a group of students to Ecuador each year. In order to go on this trip, David used most of his gift to pay the trip's substantial expense. What remained of his money was just enough to treat his family to a lobster dinner.

What I believe David enjoyed most was our discussion about current events in the Jewish culture and religion. He told me that while he usually knows his own opinions on such matters, as well as his sister's as she freely shares these, he rarely had a chance to discuss Jewish concerns outside of his family or hear another's perspective. Moreover, I had never seen David as engaged in the course of our interactions as he was during a particular discussion about the current battle over the Holy Land. I hypothesized that perhaps the Israelis fear being disconnected from the land that is the root of their religion and culture. David's general style of thinking was to absorb my observations, take a few minutes to gather his own thoughts, and then respond, often stating the two-sided nature of his thoughts. In this case, David thoughtfully acknowledged that it would be hard for any religious or cultural group not to have a physical land to call "home." On the other hand, he said that it really did not seem fair to take the Palestinians' land away simply because the Israelis need a place to call home, as the Palestinians also feel that this land is their home.

I saw David's perspective developing and gaining complexity during that particular discussion. He began to realize that the Israeli-Palestinian situation does not have an easy answer. His perspective became more encompassing, as he stepped back from emotion-laden scenes of conflict and saw a bigger picture. David enjoyed this thought-provoking experience, and to his credit, realized his own potential to take a new perspective on a controversial topic, which is no easy task. He also voiced his empathy for both people's desire to possess the Holy Land as their own.

Critical Incidents in the Interactions

Critical Incident With David

The critical incident that I found most intense happened when I was casually talking with Kelly and David. I was treating us all to a pizza. David and I began to discuss how school was going for him. He described his experiences as a Jewish student in a Catholic high school, which he attended for the quality education it was believed to offer. He spoke of his daily experience of not reciting a Catholic prayer that the rest of the Catholic students recite. He described that this made him different from the other students each time they came together in the school's chapel. David expressed that the first time this happened he was uncomfortable, but that now he just stood and sat along with the rest of the students while silently praying his own personal prayers. Suddenly, Kelly interjected that one of David's peers at school, whom David considered a friend, had called him a "dirty Jew."

I immediately felt a sense of anxiety. I was unsure whether David wanted to pursue the subject or whether he would have brought it up on his own. But David wanted to talk as he responded to my "Wow!" reaction by narrating his experience, while I attentively listened. His opinion was that the consequence for the boy for using the slur was inadequate and he no longer considered the boy his friend. David's responses not only demonstrated his comfort in sharing his experience of prejudice with me, but he also benefited him from explaining what it had been like to be him that day, and how it had subsequently affected him. Having me listen and react with concern to what happened to David validated that he had experienced real prejudice and meanness at his school.

That particular conversation gave me the opportunity to sit with and reflect on an act of prejudice. As I listened to David talk about how he knew exactly what he would do "the next time this happened" and how he felt that school authorities did not care about such incidents, I became aware that David's anger and hurt was a new feature of our interactions. My own reaction was to feel angry and protective towards David. I wanted justice for David at the system level. Previously, I had read novels that depicted prejudice and I had empathized with characters treated prejudicially; but witnessing David's reactions of hurt, anger, and sarcasm was different from reading about similar situations.

Despite my efforts at empathy, I certainly could not fully grasp the impact of prejudice on David. I could never know what it was like to be him that day at school or any day since then. If I learned anything from this critical incident, it is that I must always make the attempt to understand another's experience, even though, in reality, I may never have this experience myself. I feel that this is necessary for anyone attempting to be a multiculturally competent therapist, as it

assures the client's right to be understood within his or her own experience of the world.

Critical Incident With Kelly

The turning point of my interactions with Kelly came while making traditional Jewish dishes. The privacy of my kitchen decreased the formality of our interactions, increasing the ease with which we cooked potato latkes. During the shared task of cooking, I asked Kelly about the significance of food in the Jewish heritage. She told me how she and her grandmother made traditional dishes together. Kelly talked more spontaneously than ever during our cooking escapade. She laughed easily when I messed up while flipping the potato latkes. When my parents and I raved at how good the food tasted, Kelly beamed. Our appreciation of her culture's food, as well as our enjoyment of the dish she brought to our table had Kelly smiling through dinner. It is possible that Kelly experienced a sense of validation of her Jewish cultural identity around the dinner table that night.

A more relaxed atmosphere marked subsequent interactions I had with Kelly. The meeting after our shared cooking experience, Kelly brought me flowers that she had grown herself, and she began to share opinions without being prompted. From then on, instead of speaking with her mother to plan our next meeting time, Kelly talked directly to me or returned my calls herself. In fact, she felt comfortable enough to call me at one point and ask if it was possible to change one meeting date, as it was not as convenient as she had first thought. Thus, I found myself less concerned that she would be bored during our interactions, and more confident that I could converse with adolescents in a way that communicated my appreciation of their sharing.

Intergenerational Handing Down of Culture

A critical incident that made me question my assumptions occurred when I talked with Kelly and David about the potential role of their culture in their futures. I told them about a traditional Jewish wedding ceremony I had seen on television a few days earlier and asked if they desired someday to be married in such a ceremony. They each responded that it would probably depend upon the religion of the individual that they marry. Then we began to discuss how this other individual might influence their Jewish observances and how they might raise children. What struck me was what Kelly said. She did not believe she would raise her children in the Jewish tradition, as it "would just make it harder for them because everyone else is Catholic." Although Catholics, like Jews, are a religious minority in the U.S., most of Kelly's classmates are Catholic. I learned that the delineation of majority and minority groups depends on context, and that

it is possible for a person to experience being members of both groups at the same time. While Kelly and David are members of a White, middle-class majority, they are simultaneously members of a Jewish minority that cannot offer as many choices for a potential mate as the majority group.

I had not consciously thought that passing one's religion on to one's children could be anything but beneficial, let alone detrimental. I followed the logic in Kelly's explanation and saw more hardships that she and her brother might experience by being members of a religious minority. Both Kelly and David expressed that because they have such a small population of Jewish individuals their own age, it will be difficult for them to find someone they may want to marry within this population. David added that by attending an all-boys high school, he did not have the chance to be in contact with many girls at all, and that he could only think of three Jewish girls he knows.

I experienced both sadness and guilt that Kelly and David were unable to have the privilege that I have of knowing that my future children can only benefit from me sharing my Catholic faith with them. I wondered if the experience of being surrounded by a majority of Catholic students each school day and David's experience of being called a "dirty Jew," contributed to their hesitation about sharing their religion with their future children. Perhaps Kelly and David's perspective will change as they mature and travel to new places where religious diversity is more common.

Social Resources Preventing Cultural Isolation

One possible intervention strategy for Jewish adolescents such as David and Kelly, who live in a non-Jewish majority society and could potentially be alienated from one's personal identity, reference group, general-other, culture and history, and socialized and organized activity, is to help them establish a social support network with other Jewish adolescents who face many of the same difficulties as they. The following information was obtained by consulting with a young Jewish woman (L. Ackerman, personal communication, February 6, 2003), who has had experiences in and is knowledgeable about Jewish social support structures. She emphasized that every effort should be made by the counselor to inform the youth about the many opportunities and organizations that are available to them because they are Jewish and which can help them find others that they can relate to. Within Jewish communities there are services and organizations that are exclusive to the Jewish community. For example, Jewish Family and Children's Services (JFCS) and the Jewish Community Centers (JCC) are excellent resources for clients and clinicians seeking information of events and services in the Jewish community.

L. Ackerman (personal communication) additionally said that among

the benefits of being a Jewish adolescent are the many social opportunities that exist specifically for Jewish teens. These social opportunities include national, youth-led organizations, such as United Synagogue Youth (USY), B'nai Brith Youth Organization (BBYO), National Federated of Temple Youth (NFTY), and Young Judea. These organizations are broken down into various regional branches and chapters, offering its members social and leadership opportunities. NFTY and USY are linked directly to a specific area synagogue, while BBYO and Young Judea are autonomous organizations. Both BBYO and Young Judea are branches of the B'nai Brith national organization, which also includes the Anti Defamation League (ADL). These organizations help Jewish adolescents establish a social network with other Jewish adolescents locally as well as nationally. Members attend programs such as mixers, summer camps, conventions, weekly meetings, and other programs geared at creating a social environment specifically for Jewish teens. Additional networking opportunities include national and international sports competitions, community service opportunities, and peer trips to Israel. A new type of peer trip to Israel is the Birthright trip. It is a free 14-day trip to Israel for Jewish individuals ages 18-26. The Birthright trip, which is funded by the conservative movement, is the result of research showing that Jews were more likely to marry within the faith if they had visited Israel. Birthright is only one of hundreds of different Israel trips for teenagers, all of which offer its participants the opportunity to socialize with other Jewish teens from all over the country.

Conclusion

After discovering that the Jewish religion is one that promotes an enjoyment of life by instilling a sense of discipline in each individual, I find that I admire this religion's values. I also feel that Judaism could teach me, as well as others, something about life and where goodness in life lies. My fear is that this will not happen if members of majority religions do not help Jewish individuals preserve and maintain their religion, but instead discourage a positive image of Judaism. At the same time, what I learned from my cultural interactions is that part of developing my multicultural competence involves managing feelings of anger, guilt, and fear. I came to realize and recognize these feelings for what they were: my own reactions, which were not necessarily shared by Kelly or David. This is an important part of what it means to understand a member of a minority within his or her own experience. In fact, it was only when I could distinguish my affective reactions from those of Kelly and David that I began to see these young people for who they were: Jewish Americans, who despite lacking the same privilege as their Catholic classmates, do not see themselves as disadvan-

taged. Instead, both Kelly and David concentrate on the opportunities their lives offer them. They cope well and are adaptive.

Author Note

Beth DeFrino is a doctoral student in the clinical psychology program at Antioch New England Graduate School in Keene, New Hampshire. She is currently attending classes at Antioch while counseling and assessing children at a practicum site in Worcester, Massachusetts.

Special thanks to Leslie Ackerman, first year doctoral student, Department of Clinical Psychology, Antioch New England Graduate School, for her valuable consultation and written description on ***Social Resources Preventing Cultural Isolation****.*

The interviews and subsequent case write-up were done under the supervision of Professor Gargi Roysircar.

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Afterword

For the past 33 years, there have been strong attempts to conceptualize the field of multicultural counseling with the help of various constructs, such as racial identity, Africentric psychology, ethnic identity, worldviews, and acculturation, including multicultural counseling competencies (MCC). I believe that this book, *Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development* (*2003 MCC*), is a sound scholar-practitioner attempt to move us closer to the reality of multicultural counseling. Advancing the multicultural competency framework is not an easy task mainly due to the academic and theoretical thrusts of a diversity of professional opinions involved in the process of multicultural counseling. Just think about it, trainers and practitioners trying to develop theoretical frameworks and counseling interventions to address the psychological and cultural needs of all United States racial, ethnic, and cultural groups. These frameworks must address the needs of African Americans, Native Americans, Latinos or Mexican Americans, and Asian Americans/Pacific Islanders. Various factors affecting an individual's existence must also be taken into account. These include gender; cultural beliefs, attitudes and values; customs; traditions; socio-economic and class conditions; religion and spirituality; sexual orientation; and language. Research indicates that racial, ethnic, and cultural groups have different worldviews. Therefore, a particular paradigm is needed that must be representative of the mental health needs of all groups. An inclusive multicultural competency model is a step in that direction: the journey has begun with *2003 MCC*.

This book is an updated and expanded version of MCC. As such it is a valuable contribution to the multicultural competency movement. The Association for Multicultural Counseling and Development's (AMCD) Committee on Accreditation, Standards, and Certification has been calling for a revision and update of the MCC during the past 6 years to address a more practical implementation of the competencies than what were offered in the first (1992) and second (1996) editions. Each chapter in this book has included implementations and practice examples. The presented strategies, however, also point to the need for "best practices," and to a future possibility in constructing a multicultural treatment package, which development is lacking in the current *2003 MCC* rendition. Another recent AMCD book, *Multicultural Competencies: A Guidebook of Practices* (Roysircar, Sandhu, & Bibbins, 2003) might, indeed, be moving scholars and practitioners towards using the model of best practices.

There is a continuing need for empirical evidence to guide the development of MCC and its related issues of client treatment. For instance, at this time in our history of multicultural counseling, I do not believe that counselors working with culturally diverse children and adolescents know how to use the MCC in their practice. The application of the MCC model to child practice needs investigation.

The goals of the MCC are admirable: to create multicultural counselors, who are "certified" through training and learning with the knowledge, understanding, skills, and attitudinal awareness necessary for working with people from various racial, ethnic, and cultural backgrounds. All of the chapters, written by established and developing scholars, contribute through their respective topics to the discussion currently underway regarding multicultural counseling. Each chapter moves the profession closer to defining, conceptualizing, and presenting cases in the field of multicultural counseling. The topics in the book such as counselor self-awareness, counselor awareness of client's worldview, culturally appropriate intervention strategies, client's spiritual needs, an ethnic minority woman's gender issues, sexual orientation, responses to terrorism, and counselors helping persons with disabilities require a unique and creative integration of humanism from various practice domains. The next AMCD competency document might focus on a theoretical integration on the basis of the theory of humanism, followed with a treatment package of best practices. This would continue AMCD's scholar-practitioner leadership in the multicultural counseling competency movement.

Aaron Stills, Ph.D.
Past President, AMCD

References

Roysircar, G., Sandhu, D.S., & Bibbins, V. (Eds.). (2003). *Multicultural counseling competencies: A guidebook of practices.* Alexandria, VA: ACA.

The fact that this book on updated multicultural counseling competencies is being published at a critical time in the midst of global issues affecting present and future survival of humanity is significant. It serves as a blueprint to guide us as we educate counselors, educators, and supervisors to be optimally competent, confident, and caring in their professional roles.

Johnnie McFadden, Ph.D.
AMCD Past President, 1983 - 1984
The Benjamin E. Mays Professor
Department of Educational Psychology
University of South Carolina
Columbia, South Carolina, USA

This book, *Multicultural Counseling Competencies* 2003: *Association for Multicultural Counseling and Development* (*2003 MCC:* AMCD [Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003]), is an important and essential resource which operationalizes competencies into practice examples, case studies, and various other applications in a structured and organized way. What's more, a wide range of diversities is used as examples, so that the reader is enriched with a depth and breadth of understanding about multicultural counseling competence. The authors represent a cross-section of expertise to benefit practitioners as well as trainers. This should be an indispensable part of every counselor's library!

Melba J. T. Vasquez, Ph.D.
Past President, APA Division 17 Society of Counseling Psychology and
APA Div 35 Society for the Psychology of Women
Vasquez & Associates Mental Health Services
Austin, Texas, USA

Multicultural competencies are the heart and soul of counseling racially, ethnically, and culturally different clients. As a guiding light, AMCD's updated *Multicultural Counseling Competencies* 2003 provides an indispensable framework for training, practice, research, social policy, and organizational development in interculturalism, diversity, and multicultural counseling.

Daya S. Sandhu, Ed.D.
Professor & Chair
Department of Educational and Counseling Psychology
University of Louisville
Louisville, Kentucky, USA

This book is a landmark contribution in the field of multicultural counseling. Roysircar and her colleagues have assembled a compendium of expert knowledge, wisdom, and practical insights into the field of multicultural counseling that assures this book to be a classic in the field of counseling and psychology.

Ruperto M. Perez, Ph.D.
Assistant Director for Clinical Services
Counseling Center
University of Florida
Gainesville, Florida, USA

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Signature: Gargi Roysircar Sodowsky	Printed Name/Position/Title: Gargi Roysircar Professor of Clinical Psychology
Organization/Address: Dept. of Clinical Psychology Antioch New England Graduate School 40 Avon Street, Keene, NH 03431-3516	Telephone: 603-357-3122 ext 342 FAX: (603) 35 E-Mail Address: g_roysircar-sodowsky@antioch.edu Date: 5/19/03

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